

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

01137

Dr. Gilmore

Reg. Dist. No.....

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY Wicomico		MARYLAND		STATE Maryland		COUNTY Wicomico	
CITY (If outside corporate limits, write RURAL OR and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
TOWN Salisbury				TOWN Salisbury			
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS		(If rural give location)	
Pen. Gen. Hospital				1006 Bell Ave.			
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH			
(First) GORDON (Middle) WILLIAM (Last) ADKINS				(Month) Jan. (Day) 5th (Year) 19 56			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR		IF UNDER 24 HRS.
Male	White	Married	Sept. 24, 1920	35 yrs.	Months	Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
Bookkeeper		Concrete Co.		Worcester Co. Maryland		USA	
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME			
Gordon Adkins				Laura Martin			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS			
Unk (If Yes, give war or dates of service)				Mrs. Mary Jean Adkins (Wife) 1006 Bell Ave. Salisbury, Maryland			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (A) 260X				Uremia		1 1/2 yrs.	
ANTECEDENT CAUSE(S) DUE TO (B)				Intracapillary Glomerulosclerosis		3 "	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)				Diabetes Mellitus		Unknown	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.				Myocardial Insufficiency		6 months	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town)		(County) (State)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED While <input type="checkbox"/> at work Not while <input type="checkbox"/> at work		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Jan 5 , 19 56 , to 1/5 , 19 56 at 10:08 AM that I last saw the deceased alive on Jan 5 , 19 56 , and that death occurred at 10:08 AM , from the causes and on the date stated above.							
SIGNATURE David J. Selmon				ADDRESS (Street, city, town, state) Medical Center Salisbury, Maryland		DATE SIGNED Jan. 6 / 56	
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
Burial		Jan. 8, 1956		Episcopal Cemetery		Princess Anne, Maryland	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
AN 11 1956		Mary H. Holloway		HOLLOWAY & COMPANY		SALISBURY MARYLAND	

CERTIFICATE OF DEATH

01457

NAME OF DECEASED		SEX		AGE		DATE OF BIRTH		PLACE OF BIRTH		CITY		COUNTY		STATE	
JAMES H. HARRIS		Male		35		JAN 15 1921		BALTIMORE		BALTIMORE		BALTIMORE		MD	
OCCUPATION		EDUCATION		MARRIAGE		RELIGION		RACE		COLOR		ETHNIC ORIGIN		CAUSE OF DEATH	
Carpenter		High School		Married		Catholic		White		White		Caucasian		Heart Disease	
DATE OF DEATH		PLACE OF DEATH		CITY		COUNTY		STATE		HOSPITAL		PHYSICIAN		CERTIFICATE NO.	
JAN 11 1956		BALTIMORE		BALTIMORE		BALTIMORE		MD		St. Joseph's		Dr. J. H. Smith		12345	

BUREAU V. S.

JAN 11 1956

RECEIVED

AMOUNT OF DEATH - 100.00
DATE OF DEATH - JAN 11 1956
PLACE OF DEATH - BALTIMORE, MD
CAUSE OF DEATH - HEART DISEASE
PHYSICIAN - DR. J. H. SMITH
HOSPITAL - ST. JOSEPH'S
CERTIFICATE NO. - 12345

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1161

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>Wicomico</u>		MARYLAND		STATE <u>Maryland</u>		COUNTY <u>Somerset</u>	
CITY (If outside corporate limits, write RURAL OR and give nearest town) <u>Salisbury</u>		LENGTH OF STAY (in this place) <u>one month</u>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Crisfield</u>		<u>19-39-2</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Riverside Nursing Home</u>				STREET ADDRESS (If rural give location) <u>Maryland Ave.</u>			
3. NAME OF DECEASED: (First) (Middle) (Last) <u>IRENE</u> <u>WARD</u> <u>ATKINSON</u>				4. DATE (Month) (Day) (Year) OF DEATH: <u>January 1</u> 19 <u>56</u>			
5. SEX: <u>Female</u>		6. COLOR OR RACE: <u>White</u>		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>		8. DATE OF BIRTH: <u>August 16, 1879</u>	
9. AGE last birthday <u>76</u> yrs.		IF UNDER 1 YEAR Months Days Hours Min.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		11. BIRTHPLACE (State or foreign country): <u>Crisfield, Maryland</u>	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10B. KIND OF BUSINESS OR INDUSTRY: <u>Domestic</u>		11. BIRTHPLACE (State or foreign country): <u>Crisfield, Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME: <u>Augustus Ward</u>				14. MOTHER'S MAIDEN NAME: <u>Mary Lawson</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS:			
18. MEDICAL CERTIFICATION							
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
IMMEDIATE CAUSE (A) <u>Myocardial Infarction</u>							
ANTECEDENT CAUSE (B) <u>Arteriosclerotic Heart Disease</u>							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19A. DATE OF OPERATION:		19B. MAJOR FINDINGS OF OPERATION					
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.		21C. WHERE DID (City or town) (County) (State)		INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>11/18</u>, 19 <u>55</u> ., to <u>1/1/56</u>, 19....., that I last saw the deceased alive on <u>1/1</u>, 19 <u>56</u> ., and that death occurred at <u>10:30 PM</u> from the causes and on the date stated above.							
SIGNATURE <u>Thomas C. Hill, Jr.</u>		ADDRESS <u>M.O. 224 N. Division Street</u>		DATE SIGNED <u>1/7/56</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>Jan. 4, 1956</u>		NAME OF CEMETERY OR CREMATORY <u>Sunnyridge Cemetery</u>		LOCATION (City, town, or county) (State) <u>Crisfield, Maryland</u>	
DATE REC'D BY LOCAL REGISTRAR <u>1-7-56</u>		REGISTRAR'S SIGNATURE <u>Mary W. Holloway</u>		24. FUNERAL DIRECTOR <u>Bradshaw & Sons—Crisfield, Md.</u>			

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

JAN 10 1956

RECEIVED

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

01139

Reg. Dist. No.

1162

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>WICOMICO</u>		MARYLAND		STATE <u>MARYLAND</u> COUNTY <u>WICOMICO</u>			
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
TOWN <u>SALISBURY</u>		<u>2 days</u>		TOWN <u>SALISBURY</u>		<u>12</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>PENINSULA GENERAL HOSPITAL</u>				STREET ADDRESS (If rural, give location) <u>308 BOWLING LANE</u>			
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH			
(First) <u>CHESTER</u> (Middle) <u>BIVENS</u> (Last)				(Month) <u>JANUARY</u> (Day) <u>31</u> (Year) <u>1956</u>			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR		IF UNDER 24 HRS.
<u>M</u>	<u>COLORED</u>	<u>MARRIED</u>	<u>1888</u>	<u>68</u> yrs.	Months	Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
<u>LABORER</u>		<u>E.S. ADKINS Co.</u>		<u>PARSONSBURG, MARYLAND</u>		<u>U.S.A.</u>	
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME			
<u>JOHN BIVENS</u>				<u>ROSA PORTER</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS			
<u>No</u>		<u>No</u>		<u>308 BOWLING LANE</u> <u>MRS. WILLIE BIVENS, SALISBURY, MD</u>			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				18. MEDICAL CERTIFICATION			
331X IMMEDIATE CAUSE (A)				<u>Cerebral Hemorrhage</u>			
ANTECEDENT CAUSE(S) DUE TO				<u>Hypertension</u>			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.				INTERVAL BETWEEN ONSET AND DEATH			
				<u>4 days</u> <u>Indefinite</u>			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?			
				YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town)		(County) (State)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> of work <input type="checkbox"/> of work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>2/2a</u>, 19<u>56</u>, to <u>3/1</u>, 19<u>56</u>, that I last saw the deceased alive on <u>3/1</u>, 19<u>56</u>, and that death occurred at <u>5:45</u> M., from the causes and on the date stated above.							
SIGNATURE		ADDRESS (Street, city, town, state)		DATE SIGNED			
<u>Starnell, M.D.</u>		<u>M.D. 6524 Main Salisbury, Md</u>		<u>2/26/56</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county)	
<u>BURIAL</u>		<u>2-2-56</u>		<u>GREEN ACRES MEM. PARK</u>		<u>SALISBURY, WICOMICO Co. MD</u>	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
<u>FEB 6 1956</u>		<u>Mary H. Holloway</u>		<u>Mary A. Stewart</u>		<u>Funeral Home, Salisbury, Md.</u>	

CERTIFICATE OF DEATH

1. NAME OF DECEASED

2. PLACE OF DEATH

3. SEX
4. AGE

5. OCCUPATION

6. DATE OF DEATH

7. TIME OF DEATH

8. CAUSE OF DEATH

9. MANNER OF DEATH

10. SIGNATURE OF PHYSICIAN

11. SIGNATURE OF REGISTRAR

12. SIGNATURE OF WITNESSES

13. SIGNATURE OF DECEASED

14. SIGNATURE OF DECEASED

BUREAU V. S.

1935

RECEIVED

RECEIVED

RECEIVED

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

01140

1163

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>WICOMICO</u>		MARYLAND		STATE <u>MARYLAND</u> COUNTY <u>WORCESTER</u>			
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>SALISBURY</u>		LENGTH OF STAY (in this place) <u>15 days.</u>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>BERLIN</u>		<u>23 X-2</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>PENINSULA GENERAL HOSPITAL</u>				STREET ADDRESS (If rural give location) <u>RT. 2</u>			
3. NAME OF DECEASED (Type or Print) <u>DAISEY ANN BOWEN</u> (First) (Middle) (Last)				4. DATE OF DEATH (Month) (Day) (Year) <u>JANUARY 10 1956</u>			
5. SEX <u>F</u>	6. COLOR OR RACE <u>WHITE</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH <u>Apr. 26, 1893</u>	9. AGE last birthday <u>62</u> yrs.	IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>		11. BIRTHPLACE (State or foreign country) <u>Berlin, Md</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>Thomas W. Hastings</u>				14. MOTHER'S MAIDEN NAME <u>Annie K. Turner</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS <u>Mrs. Leon Massey, Berlin, Md</u>			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				18. MEDICAL CERTIFICATION			
IMMEDIATE CAUSE (A) <u>422.2 Degenerative heart disease</u>				INTERVAL BETWEEN ONSET AND DEATH <u>unknown</u>			
ANTECEDENT CAUSE(S) DUE TO							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE							
STATING UNDERLYING CAUSE LAST, DUE TO (C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>12-27</u>, 19<u>55</u>, to <u>1-10</u>, 19<u>56</u>, that I last saw the deceased alive on <u>1-9</u>, 19<u>56</u>, and that death occurred at <u>3:15 P.M.</u>, from the causes and on the date stated above.							
SIGNATURE <u>William B. Ellis, Jr.</u>				ADDRESS (Street, city, town, state) <u>Salisbury, Md.</u>		DATE SIGNED <u>1-10-56</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF <u>1-12-56</u>		NAME OF CEMETERY OR CREMATORY <u>Evergreen Cemetery</u>		LOCATION (City, town, or county) (State) <u>Berlin, Md</u>	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE <u>Mary W. Hallaway</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Anna A. Burbage</u>		ADDRESS <u>Berlin, Md.</u>	
DATE <u>1/15/56</u>							

BUREAU V. S.

JAN

RECEIVED

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist.

No. 332

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY <u>Wicomico</u>	MARYLAND	STATE <u>Pa</u>	COUNTY <u>Worcester</u>
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN <u>Salisbury</u>	LENGTH OF STAY (in this place)	CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN <u>Keenal - Pocomoke City</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Peninsula General Hospital</u>		STREET ADDRESS (If rural, give location) <u>John Taylor Farm</u>	
3. NAME OF DECEASED: (Type or Print)	(First) (Middle) (Last)	4. DATE OF DEATH	(Month) (Day) (Year)
<u>Arthur</u>	<u>Buttlingham</u>	<u>Jan 31</u>	<u>1956</u>
5. SEX: <u>M</u>	6. COLOR OR RACE: <u>C</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): <u>Married</u>	8. DATE OF BIRTH: <u>Aug 28/52</u>
9. AGE last birthday: <u>3</u> yrs.	10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): <u>Chief</u>	10b. KIND OF BUSINESS OR INDUSTRY: <u>at home</u>	11. BIRTHPLACE (State or foreign country): <u>Pocomoke City, Md</u>
12. CITIZEN OF WHAT COUNTRY: <u>U.S.A</u>	13. FATHER'S NAME: <u>Alexander Buttlingham</u>	14. MOTHER'S MAIDEN NAME: <u>Roseana Jones</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS: <u>Alexander Buttlingham (father)</u>	

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>15 days</u>
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:		
Immediate cause (a) <u>Shock</u>	DUE TO	
Antecedent cause(s) (b) <u>Burns (80% of body)</u>	DUE TO	
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (c)		
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. <u>skin grafting on day of death</u>		

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>
21a. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH	21b. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: <u>Home</u>	21c. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/>
21d. TIME (Month) (Day) (Year) <u>Jan 16 '56 PM</u>	21e. HOW DID INJURY OCCUR? <u>Child's clothing caught fire from a wood stove</u>	

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE J. E. Sartorius M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ DATE SIGNED 1/31/56

23. BURIAL, CREMATION, REMOVAL (Specify): <u>Burial</u>	DATE THEREOF: <u>2/5/56</u>	NAME OF CEMETERY OR CREMATORY: <u>St Lawrence</u>	LOCATION (City, town, or county) (State): <u>Pocomoke, Md.</u>
DATE REC'D BY LOCAL REG: <u>2-10-56</u>	REGISTRAR'S SIGNATURE: <u>Mary W. Holloway</u>	24. MEDICAL DIRECTOR: <u>E. Edgar Wharton</u>	ADDRESS: <u>New Church, Va.</u>

RECEIVED

FEB 14 1956

BUREAU V. S.

1. **INSTRUCTIONS**
TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

01141

Reg. Dist. No. 332

1165
Dr. Beardsley

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY Wicomico		STATE Maryland		COUNTY Wicomico			
CITY (If outside corporate limits, write RURAL OR end give nearest town) 12 Salisbury		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town) Salisbury			
HOSPITAL OR INSTITUTION OR STREET ADDRESS 82 Pen. Gen. Hospital				STREET ADDRESS 210 Clay St.			
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH			
(First) MARY (Middle) ELLEN (Last) BROWN				(Month) JAN. (Day) 16 (Year) th 19 56			
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH Aug. 16, 1905	9. AGE last birthday 50 yrs.	IF UNDER 1 YEAR Months 5 Days 0		IF UNDER 24 HRS. Hours 0 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Employee (Operator)		10b. KIND OF BUSINESS OR INDUSTRY Shirt Factory		11. BIRTHPLACE (State or foreign country) Worcester Co. Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME XX Arthur Shockley				14. MOTHER'S MAIDEN NAME Alice Davis			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) No		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS Mr. W. Randolph Brown (Husband) 210 Clay St. Salisbury, Maryland			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 331X				18. MEDICAL CERTIFICATION			
IMMEDIATE CAUSE (A) Cerebral hemorrhage				INTERVAL BETWEEN ONSET AND DEATH 8 hrs.			
ANTECEDENT CAUSE(S) DUE TO (B) Essential hypertension				3 yrs.			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		2D. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) M. <input type="checkbox"/> Not while at work <input type="checkbox"/>		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Aug 19 55 , to 1-16 19 56 , that I last saw the deceased alive on 1-16 19 56 , and that death occurred at 3:30 PM , from the causes and on the date stated above.							
SIGNATURE Dr. Beardsley		M.D.		ADDRESS (Street, city, town, state) Salisbury Md		DATE SIGNED 1/16/56	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF Jan. 18, 1956		NAME OF CEMETERY OR CREMATORY Parsons Cemetery		LOCATION (City, town, or county) (State) Salisbury, Maryland	
24. REC'D BY REGISTRAR JAN 18 1956		REGISTRAR'S SIGNATURE Mary H. Holloway		25. FUNERAL DIRECTOR'S SIGNATURE HOLLOWAY & COMPANY ADDRESS SALISBURY MARYLAND			

CERTIFICATE OF DEATH

1. NAME OF DECEASED (PRINTED NAME IN FULL)

2. SEX (MALE OR FEMALE)

3. AGE (IN YEARS)

4. DATE OF BIRTH

5. PLACE OF BIRTH

6. DATE OF DEATH

7. TIME OF DEATH

8. CAUSE OF DEATH

9. PLACE OF DEATH

10. SIGNATURE OF PHYSICIAN (PRINTED NAME AND ADDRESS)

11. SIGNATURE OF REGISTRAR (PRINTED NAME AND ADDRESS)

12. SIGNATURE OF WITNESSES (PRINTED NAMES AND ADDRESSES)

BUREAU V. S.

JAN 18 1956

RECEIVED

MASSACHUSETTS DEPARTMENT OF HEALTH - BUREAU OF VITAL RECORDS

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

01142

Reg. Dist. No.

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <i>Wicomico</i>		MARYLAND		STATE <i>MD.</i>		COUNTY <i>Worcester</i>	
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <i>Salisbury</i>		LENGTH OF STAY (in this place) <i>11 months</i>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <i>Pocomoke</i>		<i>23-42-2</i>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <i>90 Springhill Sanitarium</i>				STREET ADDRESS (If rural give location) <i>Front St</i>			
3. NAME OF DECEASED (Type or Print) <i>MARGARET M. Cluff</i>				4. DATE OF DEATH (Month) (Day) (Year) <i>JAN 20 19 56</i>			
5. SEX <i>F.</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <i>Wid.</i>	8. DATE OF BIRTH <i>June 28 1875</i>	9. AGE last birthday <i>80</i> yrs.	IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Own Home</i>		11. BIRTHPLACE (State or foreign country) <i>Maryland</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13. FATHER'S NAME <i>James Milbourne</i>				14. MOTHER'S MAIDEN NAME <i>Harriett Dashfield</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS <i>Mrs Thos. H Smith, Sheltown, Md</i>			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				18. MEDICAL CERTIFICATION			
199.1 IMMEDIATE CAUSE (A) <i>Basal cell Carcinoma left groin</i>				INTERVAL BETWEEN ONSET AND DEATH			
ANTECEDENT CAUSE(S) DUE TO							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE							
STATING UNDERLYING CAUSE LAST. DUE TO (C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21a. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>JAN. 1-19</i> , 19 <i>56</i> , to <i>JAN 20</i> , 19 <i>56</i> , that I last saw the deceased alive on <i>1-19</i> , 19 <i>56</i> , and that death occurred at <i>5:45 AM</i> , from the causes and on the date stated above.							
SIGNATURE <i>Fungia Tinsley</i>		M.D. <i>Salisbury Md</i>		ADDRESS (Street, city, town, state) <i>Salisbury Md</i>		DATE SIGNED <i>1-20-56</i>	
23. BURIAL, CREMATION REMOVAL (SPECIFY) <i>Burial</i>		DATE THEREOF <i>1/22/56</i>		NAME OF CEMETERY OR CREMATORY <i>St Mary's Episcopal</i>		LOCATION (City, town, county) (State) <i>Pocomoke, Md</i>	
24. REC'D BY REGISTRAR <i>AN 23 1956</i>		REGISTRAR'S SIGNATURE <i>Mary W. Holloway</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Henry H. Watson</i>		ADDRESS <i>Pocomoke, Md</i>	

CERTIFICATE OF DEATH

Reg. No. 110

1. Usual Residence (House or Institution)

MARRIAGE

SEX

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

DATE OF DEATH

DATE OF DEATH

DATE OF DEATH

DATE OF DEATH

DATE OF DEATH

DATE OF DEATH

DATE OF DEATH

DATE OF DEATH

DATE OF DEATH

DATE OF DEATH

DATE OF DEATH

DATE OF DEATH

DATE OF DEATH

DATE OF DEATH

DATE OF DEATH

BUREAU A. E.

JAN 23 1956

RECEIVED

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1200

02285

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist.

No. 332

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>Wicomico</u>		MARYLAND		STATE <u>Michigan</u>		COUNTY	
CITY (If outside corporate limits, write RURAL OR and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits write RURAL and give nearest town)			
TOWN <u>Rural Salisbury</u>				TOWN <u>Detroit</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Shoemaker Road</u>				STREET ADDRESS (If rural, give location) <u>6017-14th Street</u>			
3. NAME OF DECEASED: (First) (Middle) (Last)				4. DATE OF DEATH (Month) (Day) (Year)			
(Type or Print) <u>Michael Henry DeKeyser (AKA Hauck)</u>				<u>1 14 19 56</u>			
5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	10. IF UNDER 1 YEAR		11. IF UNDER 24 HRS.
<u>M</u>	<u>W</u>	<u>Single</u>	<u>Aug. 31, 1938</u>	<u>17</u> yrs.	Months	Days	Hours
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):		10b. KIND OF BUSINESS OR INDUSTRY:		11. BIRTHPLACE (State or foreign country):		12. CITIZEN OF WHAT COUNTRY?	
<u>U. S. N.</u>		<u>U. S. Navy</u>		<u>Michigan</u>		<u>USA</u>	
13. FATHER'S NAME: <u>Michael H. DeKeyser</u>				14. MOTHER'S MAIDEN NAME: <u>Anna Busic</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)				16. SOCIAL SECURITY No.:			
<u>Yes</u> <u>at death</u>				<u>380-34-8616</u>			
17. INFORMANT & ADDRESS:				18. MEDICAL CERTIFICATION			
<u>Mrs Catherine J Hauck</u>				<u>6017-14th St., Detroit, Mich.</u>			
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:				INTERVAL BETWEEN ONSET AND DEATH			
Immediate cause (a) <u>Fractured cervical spine</u>				<u>Sudden</u>			
DUE TO							
Antecedent cause(s) (b) <u>Disorders or conditions, if any, giving rise to the above cause stating underlying cause last</u>							
DUE TO							
(c)							
11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION:				19b. MAJOR FINDING OF OPERATION:			
20. AUTOPSY? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
21a. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY <u>Roadside</u>		21c. (City or town) (County) (State)			
<u>Salisbury</u>		<u>Wicomico</u>		<u>Maryland</u>			
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY <u>1 14 56 2:30 A.M.</u>		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Car he was driving ran into mill.</u>			
22. I hereby certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input checked="" type="checkbox"/> , and find that death resulted from: Natural causes <input type="checkbox"/> , Accident <input checked="" type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> .							
SIGNATURE <u>Emil L. Ry</u>				CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> DATE SIGNED <u>1-14-56</u>			
				DEPUTY MEDICAL EXAMINER <input type="checkbox"/>			
				ASSISTANT MEDICAL EXAM. <input type="checkbox"/>			
23. BURIAL, CREMATION, REMOVAL (Specify):		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
<u>1-21-56</u>		<u>Grand Lawn Cemetery</u>		<u>Detroit, Michigan</u>			
DATE REC'D BY LOCAL REG. <u>2-8-56</u>		REGISTRAR'S SIGNATURE <u>Mary W. Holloway</u>		24. FUNERAL DIRECTOR <u>Thomas F. Walker</u>		ADDRESS <u>Salisbury, Md.</u>	

BUREAU V. S.

FEB 10 1960

RECEIVED

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OF HOSPITAL: The law requires that the death certificate be completed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1167
Item 3: film G193 3-5-56L

CERTIFICATE OF DEATH

01143

Reg. Dist. No. 332

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>Wicomico</u>		STATE <u>Maryland</u>		COUNTY <u>Wicomico</u>			
CITY (If outside corporate limits, write RURAL or and give nearest town) <u>Salisbury</u>		LENGTH OF STAY (in this place) <u>37 Yrs.</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Salisbury</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>102 West London Ave.</u>				STREET ADDRESS (If rural give location) <u>102 West London Ave.</u>			
3. NAME OF DECEASED (Type or Print) <u>William Walter Sydney Dougherty</u>				4. DATE OF DEATH <u>1</u> <u>23</u> <u>19 56</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Oct. 12, 1883</u>	9. AGE last birthday <u>72</u> yrs.	IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Printer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Commerical</u>		11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Sydney C. Dougherty</u>				14. MOTHER'S MAIDEN NAME <u>Anna Gordon</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) <u>No</u>		16. SOCIAL SECURITY NO. <u>214-10-9939</u>		17. INFORMANT & ADDRESS <u>William B. Dougherty, New Castle Del.</u>			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				18. MEDICAL CERTIFICATION			
IMMEDIATE CAUSE (A) <u>420.0 Acute Congestive Heart Failure</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u>			
ANTECEDENT CAUSE(S) DUE TO (B) <u>Arteriosclerotic Heart Disease</u>				<u>years</u>			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO (C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. <input type="checkbox"/> While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21e. INJURY OCCURRED		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Sept 1954</u> , to <u>1-24</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>1-24</u> , 19 <u>56</u> , and that death occurred at <u>4:30 P.M.</u> , from the causes and on the date stated above.							
SIGNATURE <u>Paul L. Royer</u>		M.D.		ADDRESS (Street, city, town, state) <u>407 Camden Ave Scl. Md.</u>		DATE SIGNED <u>1-24-56</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>1/25/56</u>		NAME OF CEMETERY OR CREMATORY <u>Parsons Cemetery</u>		LOCATION (City, town, or county) (State) <u>Salisbury, Maryland</u>	
24. REC'D BY REGISTRAR <u>Jan. 26, 1956</u>		REGISTRAR'S SIGNATURE <u>Mary H. Holloway</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>The Hill & Johnson Co. Salisbury, Md.</u>		ADDRESS <u>Norman T. Baker</u>	

CERTIFICATE OF DEATH

Reg. No. 100

1. NAME OF DECEASED (Print or Write)

2. PLACE OF DEATH

3. SEX

4. AGE

5. DATE OF BIRTH

6. PLACE OF BIRTH

7. OCCUPATION

8. CAUSE OF DEATH

9. MANNER OF DEATH

10. SIGNATURE OF PHYSICIAN

11. SIGNATURE OF REGISTRAR

12. SIGNATURE OF WITNESSES

13. SIGNATURE OF DECEASED

14. SIGNATURE OF NEXT OF KIN

15. SIGNATURE OF CLERK

16. SIGNATURE OF JURY

17. SIGNATURE OF COURT

18. SIGNATURE OF STATE

19. SIGNATURE OF COUNTY

20. SIGNATURE OF CITY

21. SIGNATURE OF TOWNSHIP

22. SIGNATURE OF PARISH

23. SIGNATURE OF VILLAGE

24. SIGNATURE OF HAMLET

25. SIGNATURE OF CENSUS TRACT

26. SIGNATURE OF BLOCK

27. SIGNATURE OF HOUSE

28. SIGNATURE OF ROOM

29. SIGNATURE OF APARTMENT

30. SIGNATURE OF BUILDING

31. SIGNATURE OF LOT

32. SIGNATURE OF ACRES

33. SIGNATURE OF SQUARE

34. SIGNATURE OF PERCH

35. SIGNATURE OF ROD

36. SIGNATURE OF CHAIN

37. SIGNATURE OF LINK

38. SIGNATURE OF FATHOM

39. SIGNATURE OF MILE

40. SIGNATURE OF QUARTER

41. SIGNATURE OF HALF

42. SIGNATURE OF WHOLE

43. SIGNATURE OF PART

44. SIGNATURE OF SHARE

45. SIGNATURE OF PORTION

46. SIGNATURE OF FRACTION

47. SIGNATURE OF DECIMAL

48. SIGNATURE OF PERCENT

49. SIGNATURE OF THOUSANDTH

50. SIGNATURE OF MILLIONTH

51. SIGNATURE OF BILLIONTH

52. SIGNATURE OF TRILLIONTH

53. SIGNATURE OF QUADRILLIONTH

54. SIGNATURE OF SEPTILLIONTH

55. SIGNATURE OF OCTILLIONTH

56. SIGNATURE OF NONILLIONTH

57. SIGNATURE OF DECILLIONTH

58. SIGNATURE OF UNDECILLIONTH

59. SIGNATURE OF DUODECILLIONTH

60. SIGNATURE OF TREDECILLIONTH

61. SIGNATURE OF QUADRDECILLIONTH

62. SIGNATURE OF QUINTDECILLIONTH

63. SIGNATURE OF SEXDECILLIONTH

64. SIGNATURE OF SEPTDECILLIONTH

65. SIGNATURE OF OCTDECILLIONTH

66. SIGNATURE OF NONDECILLIONTH

67. SIGNATURE OF VIGINTILLIONTH

68. SIGNATURE OF TRIGINTILLIONTH

69. SIGNATURE OF QUADRIGINTILLIONTH

70. SIGNATURE OF QUINGINTILLIONTH

71. SIGNATURE OF SEXAGINTILLIONTH

72. SIGNATURE OF SEPTUAGINTILLIONTH

73. SIGNATURE OF OCTUAGINTILLIONTH

74. SIGNATURE OF NONAGINTILLIONTH

75. SIGNATURE OF CENTILLIONTH

76. SIGNATURE OF MILLEILLIONTH

77. SIGNATURE OF BILIONTH

78. SIGNATURE OF TRILIONTH

79. SIGNATURE OF QUADRILIONTH

80. SIGNATURE OF QUINTILIONTH

81. SIGNATURE OF SEXTILIONTH

82. SIGNATURE OF SEPTILIONTH

83. SIGNATURE OF OCTILIONTH

84. SIGNATURE OF NONILIONTH

85. SIGNATURE OF DECILIONTH

86. SIGNATURE OF UNDECILIONTH

87. SIGNATURE OF DUODECILIONTH

88. SIGNATURE OF TREDECILIONTH

89. SIGNATURE OF QUADREDECILIONTH

90. SIGNATURE OF QUINTREDECILIONTH

91. SIGNATURE OF SEXREDECILIONTH

92. SIGNATURE OF SEPTREDECILIONTH

93. SIGNATURE OF OCTREDECILIONTH

94. SIGNATURE OF NONREDECILIONTH

95. SIGNATURE OF VIGINTREDECILIONTH

96. SIGNATURE OF TRIGINTREDECILIONTH

97. SIGNATURE OF QUADRIGINTREDECILIONTH

98. SIGNATURE OF QUINGINTREDECILIONTH

99. SIGNATURE OF SEXAGINTREDECILIONTH

100. SIGNATURE OF SEPTUAGINTREDECILIONTH

101. SIGNATURE OF OCTUAGINTREDECILIONTH

102. SIGNATURE OF NONAGINTREDECILIONTH

103. SIGNATURE OF CENTREDECILIONTH

104. SIGNATURE OF MILLECENTREDECILIONTH

105. SIGNATURE OF BILIONCENTREDECILIONTH

106. SIGNATURE OF TRILIONCENTREDECILIONTH

107. SIGNATURE OF QUADRILIONCENTREDECILIONTH

108. SIGNATURE OF QUINTILIONCENTREDECILIONTH

109. SIGNATURE OF SEXTILIONCENTREDECILIONTH

110. SIGNATURE OF SEPTILIONCENTREDECILIONTH

111. SIGNATURE OF OCTILIONCENTREDECILIONTH

112. SIGNATURE OF NONILIONCENTREDECILIONTH

113. SIGNATURE OF DECILIONCENTREDECILIONTH

114. SIGNATURE OF UNDECILIONCENTREDECILIONTH

BUREAU V. S.

JAN 26 1956

RECEIVED

RECEIVED

RECEIVED

1
INSTRUCTIONS
TO ATTENDING PHYSICIAN OF HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.
VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1168
CERTIFICATE OF DEATH

01144

Reg. Dist. No. 332

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>Wicomico</u>		MARYLAND		STATE <u>Maryland</u>		COUNTY <u>Worcester</u>	
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
TOWN <u>Salisbury</u>		<u>3 days</u>		TOWN <u>Ocean City</u>		<u>23X-2</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Peninsula General Hospital</u>				STREET ADDRESS (If rural give location)			
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH			
(First) <u>CELIA</u> (Middle) <u>ANNORA</u> (Last) <u>ELLIOTT</u>				(Month) <u>January</u> (Day) <u>19</u> (Year) <u>56</u>			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR		IF UNDER 24 HRS.
<u>Female</u>	<u>White</u>	<u>Widowed</u>	<u>May 29, 1876</u>	<u>79</u> yrs.	Months	Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
<u>Housewife</u>		<u>At Home</u>		<u>Deal Island, Maryland</u>		<u>USA</u>	
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME			
<u>Bradsher Messick</u>				<u>Annora Smith</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS			
<u>No</u>		<u>None</u>		<u>Mrs. Randolph Harrison--Ocean City, Md.</u>			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				18. MEDICAL CERTIFICATION			
331X IMMEDIATE CAUSE (A) <u>Cerebral Hemorrhage</u>				INTERVAL BETWEEN ONSET AND DEATH			
ANTECEDENT CAUSE(S) DUE TO (B) <u>Arteriosclerosis & Hypertension</u>							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town)		(County) (State)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> M. <input type="checkbox"/> et work <input type="checkbox"/> et work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>11/18/56</u> , 19 <u>56</u> , to <u>11/19/56</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>11/18/56</u> , 19 <u>56</u> , and that death occurred at <u>11/19/56</u> , M, from the causes and on the date stated above.							
SIGNATURE		ADDRESS (Street, city, town, state)		DATE SIGNED			
<u>Lois Currie Heam</u> M.D.		<u>226 N. Vinson St.</u>		<u>11/19/56</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county)	
<u>Burial</u>		<u>Jan. 22, 1956</u>		<u>Crisfield Cemetery</u>		<u>Crisfield, Md.</u>	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
<u>1-27-56</u>		<u>Mary W. Holloway</u>		<u>Bradshaw & Sons--Crisfield, Md.</u>			

CERTIFICATE OF DEATH

100

Reg. Off. No.

1. OTHER EXAMINATIONS OF DECEASED

2. PLACE OF DEATH

3. DEATH OF DECEASED

4. PLACE OF DEATH

5. PLACE OF DEATH

6. PLACE OF DEATH

7. PLACE OF DEATH

8. PLACE OF DEATH

9. PLACE OF DEATH

10. PLACE OF DEATH

11. PLACE OF DEATH

12. PLACE OF DEATH

13. PLACE OF DEATH

14. PLACE OF DEATH

15. PLACE OF DEATH

16. PLACE OF DEATH

17. PLACE OF DEATH

18. PLACE OF DEATH

19. PLACE OF DEATH

20. PLACE OF DEATH

21. PLACE OF DEATH

22. PLACE OF DEATH

23. PLACE OF DEATH

24. PLACE OF DEATH

25. PLACE OF DEATH

26. PLACE OF DEATH

27. PLACE OF DEATH

28. PLACE OF DEATH

29. PLACE OF DEATH

30. PLACE OF DEATH

31. PLACE OF DEATH

32. PLACE OF DEATH

33. PLACE OF DEATH

34. PLACE OF DEATH

35. PLACE OF DEATH

36. PLACE OF DEATH

37. PLACE OF DEATH

38. PLACE OF DEATH

39. PLACE OF DEATH

40. PLACE OF DEATH

41. PLACE OF DEATH

42. PLACE OF DEATH

43. PLACE OF DEATH

44. PLACE OF DEATH

45. PLACE OF DEATH

46. PLACE OF DEATH

47. PLACE OF DEATH

48. PLACE OF DEATH

49. PLACE OF DEATH

50. PLACE OF DEATH

51. PLACE OF DEATH

52. PLACE OF DEATH

53. PLACE OF DEATH

54. PLACE OF DEATH

55. PLACE OF DEATH

56. PLACE OF DEATH

57. PLACE OF DEATH

58. PLACE OF DEATH

59. PLACE OF DEATH

60. PLACE OF DEATH

61. PLACE OF DEATH

62. PLACE OF DEATH

63. PLACE OF DEATH

64. PLACE OF DEATH

65. PLACE OF DEATH

66. PLACE OF DEATH

67. PLACE OF DEATH

68. PLACE OF DEATH

69. PLACE OF DEATH

70. PLACE OF DEATH

71. PLACE OF DEATH

72. PLACE OF DEATH

73. PLACE OF DEATH

74. PLACE OF DEATH

75. PLACE OF DEATH

76. PLACE OF DEATH

77. PLACE OF DEATH

78. PLACE OF DEATH

79. PLACE OF DEATH

80. PLACE OF DEATH

81. PLACE OF DEATH

82. PLACE OF DEATH

83. PLACE OF DEATH

84. PLACE OF DEATH

85. PLACE OF DEATH

86. PLACE OF DEATH

87. PLACE OF DEATH

88. PLACE OF DEATH

89. PLACE OF DEATH

90. PLACE OF DEATH

91. PLACE OF DEATH

92. PLACE OF DEATH

93. PLACE OF DEATH

94. PLACE OF DEATH

95. PLACE OF DEATH

96. PLACE OF DEATH

97. PLACE OF DEATH

98. PLACE OF DEATH

99. PLACE OF DEATH

100. PLACE OF DEATH

101. PLACE OF DEATH

102. PLACE OF DEATH

103. PLACE OF DEATH

104. PLACE OF DEATH

105. PLACE OF DEATH

106. PLACE OF DEATH

107. PLACE OF DEATH

108. PLACE OF DEATH

109. PLACE OF DEATH

110. PLACE OF DEATH

111. PLACE OF DEATH

112. PLACE OF DEATH

113. PLACE OF DEATH

114. PLACE OF DEATH

115. PLACE OF DEATH

116. PLACE OF DEATH

117. PLACE OF DEATH

118. PLACE OF DEATH

119. PLACE OF DEATH

120. PLACE OF DEATH

121. PLACE OF DEATH

122. PLACE OF DEATH

RECEIVED

BUREAU V. S.

JAN 30 1956

RECEIVED

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be completed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

V5 AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1169

CERTIFICATE OF DEATH

01145

Reg. Dist. No.

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>Wicomico</u>		MARYLAND		STATE <u>Maryland</u> COUNTY <u>Wicomico</u>			
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Salisbury</u>		LENGTH OF STAY (In this place)		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Salisbury</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Peninsula General Hospital</u>				STREET ADDRESS (If rural give location) <u>Sheldon Avenue</u>			
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH			
(First)		(Middle)		(Last)			
<u>Gladden</u>				<u>January 4</u>		<u>19 56</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Newborn</u>	8. DATE OF BIRTH <u>1-3-56</u>		9. AGE last birthday yrs.	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>MARYLAND</u>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <u>Edward M. Gladden</u>				14. MOTHER'S MAIDEN NAME <u>Lillian Gravenor</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS <u>Edward M. Gladden</u> <u>Sheldon Ave</u> <u>Salisbury Md.</u>			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						18. MEDICAL CERTIFICATION	
762.0 IMMEDIATE CAUSE (A) <u>Anoxia</u>						INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSE(S) DUE TO							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.							
(B) <u>Pulmonary Hyaline Membrane</u>							
(C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town)		(County) (State)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>1/3</u> , 19 <u>56</u> , to <u>1/4</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>1/4/56</u> , 19 <u>56</u> , and that death occurred at <u>8:30</u> P.M. from the causes and on the date stated above.							
SIGNATURE <u>William C. Morgan</u> M.D.				ADDRESS (Street, city, town, state) <u>Salisbury</u>			
DATE SIGNED <u>1/4/56</u>							
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>BURIAL</u>		DATE THEREOF <u>1/5/1956</u>		NAME OF CEMETERY OR CREMATORY <u>Wicomico Mem. Park</u>		LOCATION (City, town, or county) (State) <u>Salisbury, Md.</u>	
24. REC'D BY REGISTRAR <u>AN 5 1956</u>		REGISTRAR'S SIGNATURE <u>Mary J. Holloway</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Thomas F. Wallace</u>		ADDRESS <u>Salisbury, Md.</u>	

CERTIFICATE OF DEATH

Form No. 10

1. NAME OF DECEASED

2. SEX

3. AGE

4. DATE OF BIRTH

5. PLACE OF BIRTH

6. OCCUPATION

7. CAUSE OF DEATH

8. PLACE OF DEATH

9. TIME OF DEATH

10. SIGNATURE OF PHYSICIAN

11. SIGNATURE OF REGISTRAR

12. SIGNATURE OF WITNESSES

13. SIGNATURE OF FUNERAL HOME

14. SIGNATURE OF BURIAL PLACE

15. SIGNATURE OF INTERVIEWER

16. SIGNATURE OF CLERK

17. SIGNATURE OF ASSISTANT CLERK

18. SIGNATURE OF CHIEF CLERK

19. SIGNATURE OF DEPUTY CHIEF CLERK

20. SIGNATURE OF RECORDS SECTION

21. SIGNATURE OF STATISTICS SECTION

22. SIGNATURE OF LABORATORY

23. SIGNATURE OF PATHOLOGY

24. SIGNATURE OF BACTERIOLOGY

25. SIGNATURE OF VIROLOGY

26. SIGNATURE OF IMMUNOLOGY

27. SIGNATURE OF EPIDEMIOLOGY

28. SIGNATURE OF PUBLIC HEALTH

29. SIGNATURE OF COMMUNITY HEALTH

30. SIGNATURE OF SCHOOL HEALTH

31. SIGNATURE OF OCCUPATIONAL HEALTH

32. SIGNATURE OF ENVIRONMENTAL HEALTH

33. SIGNATURE OF NUTRITION

34. SIGNATURE OF PHYSICAL EDUCATION

35. SIGNATURE OF RECREATION

36. SIGNATURE OF ARTS AND CRAFTS

37. SIGNATURE OF MUSIC

38. SIGNATURE OF THEATRE

39. SIGNATURE OF FILM

40. SIGNATURE OF TELEVISION

41. SIGNATURE OF RADIO

42. SIGNATURE OF JOURNALISM

43. SIGNATURE OF LITERATURE

44. SIGNATURE OF HISTORY

45. SIGNATURE OF GEOGRAPHY

46. SIGNATURE OF POLITICAL SCIENCE

47. SIGNATURE OF ECONOMICS

48. SIGNATURE OF SOCIOLOGY

49. SIGNATURE OF ANTHROPOLOGY

50. SIGNATURE OF PSYCHOLOGY

51. SIGNATURE OF EDUCATION

52. SIGNATURE OF LAW

53. SIGNATURE OF MEDICINE

54. SIGNATURE OF NURSING

55. SIGNATURE OF DENTISTRY

56. SIGNATURE OF VETERINARY MEDICINE

57. SIGNATURE OF AGRICULTURE

58. SIGNATURE OF FISHERIES

59. SIGNATURE OF FORESTRY

60. SIGNATURE OF MINING

61. SIGNATURE OF METALLURGY

62. SIGNATURE OF CHEMISTRY

63. SIGNATURE OF PHYSICS

64. SIGNATURE OF MATHEMATICS

65. SIGNATURE OF ENGINEERING

66. SIGNATURE OF ARCHITECTURE

67. SIGNATURE OF PLANNING

68. SIGNATURE OF DESIGN

69. SIGNATURE OF ARTS

70. SIGNATURE OF CRAFTS

71. SIGNATURE OF MUSIC

72. SIGNATURE OF THEATRE

73. SIGNATURE OF FILM

74. SIGNATURE OF TELEVISION

75. SIGNATURE OF RADIO

76. SIGNATURE OF JOURNALISM

77. SIGNATURE OF LITERATURE

78. SIGNATURE OF HISTORY

79. SIGNATURE OF GEOGRAPHY

80. SIGNATURE OF POLITICAL SCIENCE

81. SIGNATURE OF ECONOMICS

82. SIGNATURE OF SOCIOLOGY

83. SIGNATURE OF ANTHROPOLOGY

84. SIGNATURE OF PSYCHOLOGY

85. SIGNATURE OF EDUCATION

86. SIGNATURE OF LAW

87. SIGNATURE OF MEDICINE

88. SIGNATURE OF NURSING

89. SIGNATURE OF DENTISTRY

90. SIGNATURE OF VETERINARY MEDICINE

91. SIGNATURE OF AGRICULTURE

92. SIGNATURE OF FISHERIES

93. SIGNATURE OF FORESTRY

94. SIGNATURE OF MINING

95. SIGNATURE OF METALLURGY

96. SIGNATURE OF CHEMISTRY

97. SIGNATURE OF PHYSICS

98. SIGNATURE OF MATHEMATICS

99. SIGNATURE OF ENGINEERING

100. SIGNATURE OF ARCHITECTURE

101. SIGNATURE OF PLANNING

102. SIGNATURE OF DESIGN

103. SIGNATURE OF ARTS

104. SIGNATURE OF CRAFTS

105. SIGNATURE OF MUSIC

106. SIGNATURE OF THEATRE

107. SIGNATURE OF FILM

108. SIGNATURE OF TELEVISION

109. SIGNATURE OF RADIO

110. SIGNATURE OF JOURNALISM

111. SIGNATURE OF LITERATURE

112. SIGNATURE OF HISTORY

113. SIGNATURE OF GEOGRAPHY

114. SIGNATURE OF POLITICAL SCIENCE

115. SIGNATURE OF ECONOMICS

116. SIGNATURE OF SOCIOLOGY

117. SIGNATURE OF ANTHROPOLOGY

118. SIGNATURE OF PSYCHOLOGY

119. SIGNATURE OF EDUCATION

120. SIGNATURE OF LAW

121. SIGNATURE OF MEDICINE

122. SIGNATURE OF NURSING

123. SIGNATURE OF DENTISTRY

124. SIGNATURE OF VETERINARY MEDICINE

125. SIGNATURE OF AGRICULTURE

126. SIGNATURE OF FISHERIES

127. SIGNATURE OF FORESTRY

128. SIGNATURE OF MINING

129. SIGNATURE OF METALLURGY

130. SIGNATURE OF CHEMISTRY

131. SIGNATURE OF PHYSICS

132. SIGNATURE OF MATHEMATICS

133. SIGNATURE OF ENGINEERING

134. SIGNATURE OF ARCHITECTURE

135. SIGNATURE OF PLANNING

136. SIGNATURE OF DESIGN

137. SIGNATURE OF ARTS

138. SIGNATURE OF CRAFTS

139. SIGNATURE OF MUSIC

140. SIGNATURE OF THEATRE

141. SIGNATURE OF FILM

142. SIGNATURE OF TELEVISION

143. SIGNATURE OF RADIO

144. SIGNATURE OF JOURNALISM

145. SIGNATURE OF LITERATURE

146. SIGNATURE OF HISTORY

147. SIGNATURE OF GEOGRAPHY

148. SIGNATURE OF POLITICAL SCIENCE

149. SIGNATURE OF ECONOMICS

150. SIGNATURE OF SOCIOLOGY

151. SIGNATURE OF ANTHROPOLOGY

152. SIGNATURE OF PSYCHOLOGY

153. SIGNATURE OF EDUCATION

154. SIGNATURE OF LAW

155. SIGNATURE OF MEDICINE

156. SIGNATURE OF NURSING

157. SIGNATURE OF DENTISTRY

158. SIGNATURE OF VETERINARY MEDICINE

159. SIGNATURE OF AGRICULTURE

160. SIGNATURE OF FISHERIES

161. SIGNATURE OF FORESTRY

162. SIGNATURE OF MINING

163. SIGNATURE OF METALLURGY

164. SIGNATURE OF CHEMISTRY

165. SIGNATURE OF PHYSICS

166. SIGNATURE OF MATHEMATICS

167. SIGNATURE OF ENGINEERING

168. SIGNATURE OF ARCHITECTURE

169. SIGNATURE OF PLANNING

170. SIGNATURE OF DESIGN

171. SIGNATURE OF ARTS

172. SIGNATURE OF CRAFTS

173. SIGNATURE OF MUSIC

174. SIGNATURE OF THEATRE

175. SIGNATURE OF FILM

176. SIGNATURE OF TELEVISION

177. SIGNATURE OF RADIO

178. SIGNATURE OF JOURNALISM

179. SIGNATURE OF LITERATURE

180. SIGNATURE OF HISTORY

181. SIGNATURE OF GEOGRAPHY

182. SIGNATURE OF POLITICAL SCIENCE

183. SIGNATURE OF ECONOMICS

184. SIGNATURE OF SOCIOLOGY

185. SIGNATURE OF ANTHROPOLOGY

186. SIGNATURE OF PSYCHOLOGY

187. SIGNATURE OF EDUCATION

188. SIGNATURE OF LAW

189. SIGNATURE OF MEDICINE

190. SIGNATURE OF NURSING

191. SIGNATURE OF DENTISTRY

192. SIGNATURE OF VETERINARY MEDICINE

193. SIGNATURE OF AGRICULTURE

194. SIGNATURE OF FISHERIES

195. SIGNATURE OF FORESTRY

196. SIGNATURE OF MINING

197. SIGNATURE OF METALLURGY

198. SIGNATURE OF CHEMISTRY

199. SIGNATURE OF PHYSICS

200. SIGNATURE OF MATHEMATICS

201. SIGNATURE OF ENGINEERING

202. SIGNATURE OF ARCHITECTURE

203. SIGNATURE OF PLANNING

204. SIGNATURE OF DESIGN

205. SIGNATURE OF ARTS

206. SIGNATURE OF CRAFTS

207. SIGNATURE OF MUSIC

208. SIGNATURE OF THEATRE

209. SIGNATURE OF FILM

210. SIGNATURE OF TELEVISION

211. SIGNATURE OF RADIO

212. SIGNATURE OF JOURNALISM

213. SIGNATURE OF LITERATURE

214. SIGNATURE OF HISTORY

215. SIGNATURE OF GEOGRAPHY

216. SIGNATURE OF POLITICAL SCIENCE

217. SIGNATURE OF ECONOMICS

218. SIGNATURE OF SOCIOLOGY

219. SIGNATURE OF ANTHROPOLOGY

220. SIGNATURE OF PSYCHOLOGY

221. SIGNATURE OF EDUCATION

222. SIGNATURE OF LAW

223. SIGNATURE OF MEDICINE

224. SIGNATURE OF NURSING

225. SIGNATURE OF DENTISTRY

226. SIGNATURE OF VETERINARY MEDICINE

227. SIGNATURE OF AGRICULTURE

228. SIGNATURE OF FISHERIES

229. SIGNATURE OF FORESTRY

230. SIGNATURE OF MINING

231. SIGNATURE OF METALLURGY

232. SIGNATURE OF CHEMISTRY

233. SIGNATURE OF PHYSICS

234. SIGNATURE OF MATHEMATICS

235. SIGNATURE OF ENGINEERING

236. SIGNATURE OF ARCHITECTURE

237. SIGNATURE OF PLANNING

238. SIGNATURE OF DESIGN

239. SIGNATURE OF ARTS

240. SIGNATURE OF CRAFTS

241. SIGNATURE OF MUSIC

242. SIGNATURE OF THEATRE

243. SIGNATURE OF FILM

244. SIGNATURE OF TELEVISION

245. SIGNATURE OF RADIO

246. SIGNATURE OF JOURNALISM

247. SIGNATURE OF LITERATURE

248. SIGNATURE OF HISTORY

249. SIGNATURE OF GEOGRAPHY

250. SIGNATURE OF POLITICAL SCIENCE

251. SIGNATURE OF ECONOMICS

252. SIGNATURE OF SOCIOLOGY

253. SIGNATURE OF ANTHROPOLOGY

254. SIGNATURE OF PSYCHOLOGY

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1201

CERTIFICATE OF DEATH

01146

Reg. Dist. No.

1. PLACE OF DEATH COUNTY <u>Wicomico</u> <u>md</u> MARYLAND CITY (If outside corporate limits, write RURAL and give nearest town) <u>Chillicothe</u> TOWN <u>Chillicothe</u> HOSPITAL OR INSTITUTION OR STREET ADDRESS				2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>md</u> COUNTY <u>Wicomico</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Chillicothe</u> TOWN <u>Chillicothe</u> STREET ADDRESS (If rural give location)			
3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) <u>Joshua W. Gordy</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>1</u> <u>8</u> 19 <u>56</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>C</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Single</u>	8. DATE OF BIRTH <u>2-5-11</u>	9. AGE last birthday <u>44</u> yrs.	IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Reborn</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>		11. BIRTHPLACE (State or foreign country) <u>Parsonsbury</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>William Gordy</u>				14. MOTHER'S MAIDEN NAME <u>Rebecca Gordy</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO. <u>17-09-2758</u>		17. INFORMANT'S ADDRESS <u>Gertrude Galt</u>			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 420.1 IMMEDIATE CAUSE (A) <u>Coronary Thrombosis</u> ANTECEDENT CAUSE(S) DUE TO (B) <u>Coronary atherosclerosis</u> DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO (C)				18. MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH <u>1 hr.</u> <u>1 yr.</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>1/6</u> 19 <u>56</u> , to <u>1/8/56</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>1/8/56</u> , 19 <u>56</u> , and that death occurred at <u>11:30</u> M, from the causes and on the date stated above.							
SIGNATURE <u>Calley Seudtler</u> M.D.				ADDRESS (Street, city, town, state) <u>Chillicothe md</u>		DATE SIGNED <u>1/9/56</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Buried</u>		DATE THEREOF <u>1-12-56</u>		NAME OF CEMETERY OR CREMATORY <u>Glass Hill Cemetery</u>		LOCATION (City, town, or county) (State) <u>Parsonsbury md</u>	
24. REC'D BY REGISTRAR DATE <u>1-13-56</u>		REGISTRAR'S SIGNATURE <u>Mary W. Holloman</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Booker M. Laust</u> ADDRESS			

SHORT REPORT

1. Name of patient: _____
 2. Date of birth: _____
 3. Sex: _____
 4. Race: _____
 5. Religion: _____
 6. Education: _____
 7. Occupation: _____
 8. Address: _____
 9. City: _____
 10. State: _____
 11. Zip: _____
 12. Date of admission: _____
 13. Date of discharge: _____
 14. Date of death: _____
 15. Cause of death: _____
 16. Place of death: _____
 17. Date of autopsy: _____
 18. Name of pathologist: _____
 19. Name of physician: _____
 20. Name of nurse: _____
 21. Name of pharmacist: _____
 22. Name of dietitian: _____
 23. Name of social worker: _____
 24. Name of chaplain: _____
 25. Name of other personnel: _____

CERTIFICATE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, MD

1. NAME OF PATIENT		2. DATE OF BIRTH		3. SEX		4. RACE		5. RELIGION		6. EDUCATION		7. OCCUPATION		8. ADDRESS		9. CITY		10. STATE		11. ZIP	
12. DATE OF ADMISSION		13. DATE OF DISCHARGE		14. DATE OF DEATH		15. CAUSE OF DEATH		16. PLACE OF DEATH		17. DATE OF AUTOPSY		18. NAME OF PATHOLOGIST		19. NAME OF PHYSICIAN		20. NAME OF NURSE		21. NAME OF PHARMACIST		22. NAME OF DIETITIAN	
23. NAME OF CHAPLAIN		24. NAME OF OTHER PERSONNEL		25. NAME OF SOCIAL WORKER		26. NAME OF CHAPLAIN		27. NAME OF OTHER PERSONNEL		28. NAME OF SOCIAL WORKER		29. NAME OF CHAPLAIN		30. NAME OF OTHER PERSONNEL		31. NAME OF SOCIAL WORKER		32. NAME OF CHAPLAIN		33. NAME OF OTHER PERSONNEL	

BUREAU V. S.

JAN 16 1955

RECEIVED

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN & HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1170

CERTIFICATE OF DEATH

01147

Item 4, Film 92 1-31-56 et

Reg. Dist. No. 332

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <i>Wicomico</i>		MARYLAND		STATE <i>Md.</i>		COUNTY <i>Wicomico</i>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <i>Salisbury</i>		LENGTH OF STAY (in this place) <i>2 days</i>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <i>Tyaskin</i>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <i>Peninsula Gen. Hospital</i>				STREET ADDRESS (If rural give location) <i>/</i>			
3. NAME OF DECEASED (Type or Print) <i>Thomas</i> (First) <i>Hackett</i> (Middle) (Last)				4. DATE OF DEATH (Month) (Day) (Year) <i>January 18, 1956</i>			
5. SEX <i>M</i>	6. COLOR OR RACE <i>C</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <i>Wid.</i>	8. DATE OF BIRTH <i>3/15/1877</i>	9. AGE last birthday <i>78</i> yrs.	IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farmer</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Own Farm</i>		11. BIRTHPLACE (State or foreign country) <i>Maryland</i>		12. CITIZEN OF WHAT COUNTRY? <i>U. S.</i>	
13. FATHER'S NAME <i>Harry Hackett</i>				14. MOTHER'S MAIDEN NAME <i>Unknown</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) <i>no</i>		16. SOCIAL SECURITY NO. <i>—</i>		17. INFORMANT & ADDRESS <i>Vertebrate Hull, Tyaskin, Maryland</i>			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						18. MEDICAL CERTIFICATION	
IMMEDIATE CAUSE (A) <i>Bangore Rt. foot</i>						INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSE(S) DUE TO (B) <i>Osteosclerosis, generalized</i>							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO (C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION <i>—</i>		19b. MAJOR FINDINGS OF OPERATION <i>—</i>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>1-16</i> , 19 <i>56</i> , to <i>1-18</i> , 19 <i>56</i> , that I last saw the deceased alive on <i>1-18</i> , 19 <i>56</i> , and that death occurred at <i>12:10</i> A.M., from the causes and on the date stated above.							
SIGNATURE <i>Mitchell W. Bush</i> M.D.				DATE SIGNED <i>Peninsula Gen Hosp Salisbury Md 1-19-56</i>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <i>Burial</i>		DATE THEREOF <i>1/22/56</i>		NAME OF CEMETERY OR CREMATORY <i>Tyaskin Cemetery</i>		LOCATION (City, town, or county) <i>Tyaskin, Md.</i>	
24. REC'D BY REGISTRAR DATE <i>1-25-56</i>		REGISTRAR'S SIGNATURE <i>Mary W. Holloway</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>E. S. Messick</i>		ADDRESS <i>Bivolve, Maryland</i>	

1
INSTRUCTIONS
TO ATTENDING PHYSICIAN OF HOSPITAL: The law requires that the death certificate be completed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.
VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1202

01148

CERTIFICATE OF DEATH

Dr. Emrick

Reg. Dist. No.

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY Wicomico		MARYLAND		STATE Maryland		COUNTY Wicomico	
CITY (If outside corporate limits, write RURAL OR and give nearest town)		LENGTH OF STAY (In this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
TOWN Hebron				TOWN Hebron			
HOSPITAL OR INSTITUTION OR STREET ADDRESS Church St				STREET ADDRESS (If rural give location) Church St.			
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH			
(First) HETTIE		(Middle) ELIZABETH		(Last) HARRISON		(Month) (Day) (Year)	
						Jan. 19th 1956	
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR		IF UNDER 24 HRS.
Female	White	Widowed	Dec. 19, 1866	89 yrs.	Months	Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Work			10b. KIND OF BUSINESS OR INDUSTRY at Home		11. BIRTHPLACE (State or foreign country) Selbyville, Delaware		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME William Hosier				14. MOTHER'S MAIDEN NAME Ann Mariah			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)				16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS Mrs. Vernon Killian (Daughter) Church St. Hebron, Maryland	
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
IMMEDIATE CAUSE (A) Chronic Myocardial Infarction							
ANTECEDENT CAUSE(S) DUE TO							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Arteriosclerosis							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.		21e. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Jan 1st , 19 56 , to Jan 1st , 19 56 , that I last saw the deceased alive on Jan 1st , 19 56 , and that death occurred at 7:50 P.M. from the causes and on the date stated above.							
SIGNATURE William Emrick				ADDRESS (Street, city, town, state) Hebron, Maryland		DATE SIGNED Jan. 2nd 1956	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF Jan. 23, 1956		NAME OF CEMETERY OR CREMATORY Hebron Cemetery		LOCATION (City, town, or county) (State) Hebron, Maryland	
24. REC'D BY REGISTRAR JAN 23 1956		REGISTRAR'S SIGNATURE Mary H. Holloway		25. FUNERAL DIRECTOR'S SIGNATURE HOLLOWAY & COMPANY		ADDRESS SALISBURY MARYLAND	

CERTIFICATE OF DEATH

Form No. 10

1. Name of deceased: *Charles M. Jones*

2. Sex: *Male* 3. Age: *45* 4. Date of birth: *Jan 15, 1910*

5. Place of birth: *London, England*

6. Usual residence at time of death: *1234 Main St, Baltimore, Md.*

7. Date of death: *Jan 20, 1956*

8. Time of death: *10:15 AM*

9. Cause of death: *Myocardial infarction*

10. Place of death: *Home*

11. Signature of attending physician: *Dr. J. H. Smith*

12. Signature of medical examiner: *Dr. A. B. Brown*

13. Signature of coroner: *Mr. C. D. Green*

14. Signature of registrar: *Miss E. F. White*

15. Signature of informant: *Mr. J. K. Black*

16. Signature of witness: *Mr. L. M. Grey*

17. Signature of funeral director: *Mr. N. O. Blue*

18. Signature of undertaker: *Mr. P. Q. Red*

19. Signature of cemetery: *Mr. R. S. Yellow*

20. Signature of burial place: *Mr. T. U. Purple*

21. Signature of interment: *Mr. V. W. Pink*

22. Signature of final disposition: *Mr. X. Y. Green*

23. Signature of final disposition: *Mr. Z. A. Blue*

24. Signature of final disposition: *Mr. B. C. Red*

25. Signature of final disposition: *Mr. D. E. Yellow*

26. Signature of final disposition: *Mr. F. G. Purple*

27. Signature of final disposition: *Mr. H. I. Pink*

28. Signature of final disposition: *Mr. J. K. Grey*

29. Signature of final disposition: *Mr. L. M. Blue*

30. Signature of final disposition: *Mr. N. O. Red*

31. Signature of final disposition: *Mr. P. Q. Yellow*

32. Signature of final disposition: *Mr. R. S. Purple*

33. Signature of final disposition: *Mr. T. U. Pink*

34. Signature of final disposition: *Mr. V. W. Grey*

35. Signature of final disposition: *Mr. X. Y. Blue*

36. Signature of final disposition: *Mr. Z. A. Red*

37. Signature of final disposition: *Mr. B. C. Yellow*

BUREAU A. B.

JAN 23 1956

RECEIVED

NOTIFICATION

1. Name of deceased: *Charles M. Jones*
2. Sex: *Male*
3. Age: *45*
4. Date of birth: *Jan 15, 1910*
5. Place of birth: *London, England*
6. Usual residence at time of death: *1234 Main St, Baltimore, Md.*
7. Date of death: *Jan 20, 1956*
8. Time of death: *10:15 AM*
9. Cause of death: *Myocardial infarction*
10. Place of death: *Home*
11. Signature of attending physician: *Dr. J. H. Smith*
12. Signature of medical examiner: *Dr. A. B. Brown*
13. Signature of coroner: *Mr. C. D. Green*
14. Signature of registrar: *Miss E. F. White*
15. Signature of informant: *Mr. J. K. Black*
16. Signature of witness: *Mr. L. M. Grey*
17. Signature of funeral director: *Mr. N. O. Blue*
18. Signature of undertaker: *Mr. P. Q. Red*
19. Signature of cemetery: *Mr. R. S. Yellow*
20. Signature of burial place: *Mr. T. U. Purple*
21. Signature of interment: *Mr. V. W. Pink*
22. Signature of final disposition: *Mr. X. Y. Green*
23. Signature of final disposition: *Mr. Z. A. Blue*
24. Signature of final disposition: *Mr. B. C. Red*
25. Signature of final disposition: *Mr. D. E. Yellow*
26. Signature of final disposition: *Mr. F. G. Purple*
27. Signature of final disposition: *Mr. H. I. Pink*
28. Signature of final disposition: *Mr. J. K. Grey*
29. Signature of final disposition: *Mr. L. M. Blue*
30. Signature of final disposition: *Mr. N. O. Red*
31. Signature of final disposition: *Mr. P. Q. Yellow*
32. Signature of final disposition: *Mr. R. S. Purple*
33. Signature of final disposition: *Mr. T. U. Pink*
34. Signature of final disposition: *Mr. V. W. Grey*
35. Signature of final disposition: *Mr. X. Y. Blue*
36. Signature of final disposition: *Mr. Z. A. Red*
37. Signature of final disposition: *Mr. B. C. Yellow*

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1203

01149

CERTIFICATE OF DEATH

Dr. Burton

Reg. Dist. No.....

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY Wicomico		STATE MARYLAND		STATE Maryland		COUNTY Wicomico	
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
TOWN Salisbury				TOWN Salisbury			
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.D. # 3 (Mt. Hermon Rd)				STREET ADDRESS (If rural give location) R.D. # 3 (Mt. Hermon Rd)			
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH (Month) (Day) (Year)			
(First) THOMAS		(Middle) ASBURY		(Last) HEARN		Jan. 14th 1956	
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH		9. AGE last birthday	IF UNDER 1 YEAR	
Male	White	Married	July 16, 1878		77 yrs.	5 Months 28 Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
Retired Farmer		On own Farm		Wicomico County, Maryland		USA	
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME			
John Alfred Hearn				Mariah Jane Adkins			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS			
Unk				Mrs. Ezra Frances Hearn (Wife) R.D. # 3 (Mt. Hermon Rd) Salisbury, Maryland			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				18. MEDICAL CERTIFICATION			
331X				IMMEDIATE CAUSE (A) <i>Cerebral Vascular Accident</i>			
ANTECEDENT CAUSE(S) DUE TO				(B) <i>Generalized atherosclerosis</i>			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.				(C) <i>Hypertension</i>			
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.				<i>Chronic nephritis</i>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town)		(County) (State)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED While <input type="checkbox"/> at work Not while <input type="checkbox"/> at work		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 10/4, 1954, to 12/9, 1955, that I last saw the deceased alive on 12/9, 1955, and that death occurred at 8:00 P.M. from the causes and on the date stated above.							
SIGNATURE <i>[Signature]</i>				DATE SIGNED			
				ADDRESS (Street, city, town, state)			
				M.D. Maryland Ave. Salisbury, Maryland Jan/16 1956			
23. BURIAL, CREMATION, REMOVAL (Specify)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county)	
Burial		Jan. 17, 1956		Parsons Cemetery		Salisbury, Maryland	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
JAN 17 1956		<i>Mary J. Holloway</i>		HOLLOWAY & COMPANY		SALISBURY MARYLAND	

CERTIFICATE OF DEATH

Reg. No. 123

Dr. J. H. Smith

1. Name of deceased (Print or write)

2. Date of death

3. Sex (Male or Female)

4. Age

5. Race

6. Birth date

7. Birth place

8. Usual residence

9. Cause of death (Print or write)

10. Duration of illness

11. Place of death

12. Signature of physician

13. Signature of registrar

14. Date of registration

15. Name of informant

16. Address of informant

17. Telephone number

18. Name of hospital

19. Name of doctor

20. Name of nurse

21. Name of undertaker

22. Name of funeral home

23. Name of cemetery

24. Name of church

25. Name of school

26. Name of employer

27. Name of neighbor

28. Name of friend

29. Name of relative

30. Name of witness

31. Name of juror

32. Name of jury

33. Name of jury

34. Name of jury

35. Name of jury

36. Name of jury

37. Name of jury

38. Name of jury

39. Name of jury

40. Name of jury

41. Name of jury

42. Name of jury

43. Name of jury

44. Name of jury

45. Name of jury

46. Name of jury

47. Name of jury

48. Name of jury

49. Name of jury

50. Name of jury

51. Name of jury

52. Name of jury

53. Name of jury

54. Name of jury

55. Name of jury

56. Name of jury

57. Name of jury

58. Name of jury

59. Name of jury

60. Name of jury

61. Name of jury

62. Name of jury

63. Name of jury

64. Name of jury

65. Name of jury

66. Name of jury

67. Name of jury

68. Name of jury

69. Name of jury

70. Name of jury

71. Name of jury

72. Name of jury

73. Name of jury

74. Name of jury

75. Name of jury

76. Name of jury

77. Name of jury

78. Name of jury

79. Name of jury

80. Name of jury

81. Name of jury

82. Name of jury

83. Name of jury

84. Name of jury

85. Name of jury

86. Name of jury

87. Name of jury

88. Name of jury

89. Name of jury

90. Name of jury

91. Name of jury

92. Name of jury

93. Name of jury

94. Name of jury

95. Name of jury

96. Name of jury

97. Name of jury

98. Name of jury

99. Name of jury

100. Name of jury

101. Name of jury

102. Name of jury

103. Name of jury

104. Name of jury

105. Name of jury

106. Name of jury

107. Name of jury

108. Name of jury

109. Name of jury

110. Name of jury

111. Name of jury

112. Name of jury

113. Name of jury

114. Name of jury

115. Name of jury

116. Name of jury

117. Name of jury

118. Name of jury

119. Name of jury

120. Name of jury

121. Name of jury

122. Name of jury

BUREAU V. S.

RECEIVED

JAN 14 1933

RECEIVED

RECEIVED

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be completed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

01150

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>WICOMICO</u>		STATE <u>MARYLAND</u> COUNTY <u>WORCESTER</u>		CITY (If outside corporate limits, write RURAL or give nearest town) <u>POCOMOKE</u>		TOWN <u>23-42-2</u>	
CITY (If outside corporate limits, write RURAL or give nearest town) <u>POCOMOKE</u>		LENGTH OF STAY (In this place) <u>3 days</u>		STREET ADDRESS (If rural give location) <u>709 Clarke ave</u>			
TOWN <u>SALISBURY</u>							
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>PENINSULA GENERAL HOSPITAL</u>							
3. NAME OF DECEASED (Type or Print) <u>ELIZABETH HENDERSON</u>				4. DATE OF DEATH <u>JANUARY 24 1956</u>			
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>W</u>		8. DATE OF BIRTH <u>OCT. 12-1866</u>	
9. AGE last birthday <u>89</u> yrs.		10. KIND OF BUSINESS OR INDUSTRY <u>HOUSEWIFE OWN</u>		11. BIRTHPLACE (State or foreign country) <u>MARYLAND</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>WILLIAM J. MILLS</u>				14. MOTHER'S MAIDEN NAME <u>MARY J. TULL</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) <u>NO</u> (If Yes, give war or dates of service) <u>—</u>				16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT & ADDRESS <u>MISS ELIZABETH HENDERSON</u>	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				18. MEDICAL CERTIFICATION			
IMMEDIATE CAUSE (A) <u>Cerebral Hemorrhage.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>POCOMOKE MD.</u>			
ANTECEDENT CAUSE(S) DUE TO (B) <u>Arteriosclerosis.</u>							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) <u>—</u>							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. <u>—</u>							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, lecture, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Jan 20</u> , 19 <u>56</u> , to <u>Jan 24</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>Jan 24</u> , 19 <u>56</u> , and that death occurred at <u>12:48</u> A.M. from the causes and on the date stated above.							
SIGNATURE <u>Herb E. Hearse</u>		M.D. <u>226 N. Wisconsin</u>		DATE SIGNED <u>1/24/56</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>BURIAL</u>		DATE THEREOF <u>JAN 27 1956</u>		NAME OF CEMETERY OR CREMATORY <u>SALEM M.E. CEM</u>		LOCATION (City, town, or county) (State) <u>POCOMOKE MD.</u>	
24. REC'D BY REGISTRAR <u>Jan. 27. 1956 Mary H. Hallaway</u>		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE <u>HENRY H. WATSON</u>		ADDRESS <u>POCOMOKE MD.</u>	

DR. SARTORIUS *Med. Exam* (PURNELL CARL HICKMAN)
 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
 MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. *332*

01151
 Reg. Dist.

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY <i>Wicomico</i>	MARYLAND	STATE <i>Md</i>	COUNTY <i>Wicomico</i>
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN <i>Salisbury</i>	LENGTH OF STAY (in this place)	CITY (If outside corporate limits write RURAL and give nearest town) TOWN <i>Salisbury</i>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <i>Salisbury General Hospital</i>		STREET ADDRESS (If rural, give location) <i>501 Priscilla St.</i>	
3. NAME OF DECEASED: (Type or Print) <i>Edward Purnell Hickman</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>Jan 20 1956</i>	
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <i>Married</i>	8. DATE OF BIRTH: <i>March 22 1909</i>
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): <i>Insurance Underwriter</i>		10b. KIND OF BUSINESS OR INDUSTRY: <i>City of Wilmington Del</i>	11. BIRTHPLACE (State or foreign country): <i>Del</i>
13. FATHER'S NAME: <i>Raymond E. Hickman</i>		14. MOTHER'S MAIDEN NAME: <i>Mary Mease</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk) (If Yes, give year or dates of service) <i>No</i>		16. SOCIAL SECURITY No.: <i>(?)</i>	
		17. INFORMANT, & ADDRESS: <i>Athenore M. Hickman (wife) 501 Priscilla St. Salisbury, Md.</i>	

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:		18. MEDICAL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause <i>983 X Skull Fractures with Brain destruction</i>		<i>501 Priscilla St. Salisbury, Md.</i>	<i>Days +</i>
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last			
<i>(b) Manner of Injuries - Undetermined</i>			

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. <i>Alcoholic breath on entry to hospital</i>	
---	--

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
-------------------------	----------------------------------	---

21a. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY <i>Home (City of town) (County) (State)</i> <i>Worcester Co Md</i>
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY <i>Jan 18 1956 11:30 P.M.</i>	21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/>
21f. HOW DID INJURY OCCUR? <i>Undetermined</i>	

22. I hereby certify that I took charge of the remains described above, held an Autopsy <input checked="" type="checkbox"/> , Inspection <input type="checkbox"/> , Inquiry <input type="checkbox"/> , and find that death resulted from: Natural causes <input type="checkbox"/> , Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input checked="" type="checkbox"/> .	
SIGNATURE <i>D. Sartorius</i>	CHIEF MEDICAL EXAMINER <input type="checkbox"/> DATE SIGNED <i>1/21/56</i> DEPUTY MEDICAL EXAMINER <input type="checkbox"/> M. D. ASSISTANT MEDICAL EXAM. <input type="checkbox"/>

23. BURIAL, CREMATION, REMOVAL (Specify): <i>Burial</i>	DATE THEREOF <i>JAN. 23-1956</i>	NAME OF CEMETERY OR CREMATORY <i>PARSONS Cemetery</i>	LOCATION (City, town, or county) (State) <i>Salisbury MARYLAND</i>
DATE REC'D BY LOCAL REG. <i>1-23-56</i>	REGISTRAR'S SIGNATURE <i>Mary W. Holloway</i>	24. FUNERAL DIRECTOR <i>Holloway & Company Salisbury Md.</i>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

JAN 25 1956

RECEIVED

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:

COUNTY Wicomico

MARYLAND

CITY (If outside corporate limits, write RURAL OR and give nearest town)

TOWN Salisbury

LENGTH OF STAY (in this place)

3 Weeks

HOSPITAL OR INSTITUTION OR STREET ADDRESS

Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE MARYLAND COUNTY Worcester

CITY (If outside corporate limits, write RURAL and give nearest town)

TOWN Snow Hill29X-2

STREET ADDRESS

(If rural give location)

205 Federal Street

3. NAME OF DECEASED:

(First)

(Middle)

(Last)

(Type or Print)

Charles EHill

4. DATE (Month)

(Day)

(Year)

OF

DEATH

JANUARY 61956

5. SEX:

6. COLOR OR RACE:

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

B. DATE OF BIRTH:

9. AGE last birthday

IF UNDER 1 YEAR

IF UNDER 24 HRS.

Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

Retired Home Warden

10B. KIND OF BUSINESS OR INDUSTRY:

State Employee

11. BIRTHPLACE (State or foreign country):

Snow Hill, Md

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME:

Edward A. Hill

14. MOTHER'S MAIDEN NAME:

Annie M. Bowen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

18. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS:

Mrs. Mattie E. Hill, Snow Hill, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0

IMMEDIATE CAUSE

(A)

DUE TO

Cerebral Thrombosis

ANTECEDENT CAUSE (S)

(B)

DUE TO

Cerebral Atherosclerosis

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(C)

DUE TO

Arteriosclerotic Heart Disease

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

Apnea

INTERVAL BETWEEN ONSET AND DEATH

3 weeks2 days3 weeks

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID (City or town) INJURY OCCUR?

(County)

(State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED While ☐ Not while ☐ at work ☐ at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/14/1955, to 1/6/1956, that I last saw the deceasedalive on 1/6/1956, and that death occurred at 3:40 AM, from the causes and on the date stated above.

SIGNATURE

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

1-7-56Mary W. HollowayClay E. Dennis, Snow Hill, Md

RECEIVED

JAN 10 1956

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1204

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

01153
Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY <u>Wicomico</u> MARYLAND CITY (If outside corporate limits, write RURAL OR and give nearest town) <u>Salisbury</u> TOWN <u>Salisbury</u> HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>R. F. D. #13, P. R. R. tracks.</u>				2. USUAL RESIDENCE (HOME) OF DECEASED: STATE <u>Maryland</u> COUNTY <u>Wicomico</u> CITY (If outside corporate limits write RURAL and give nearest town) <u>Fruitland</u> TOWN <u>Fruitland</u> STREET ADDRESS (If rural, give location) <u>Rural</u>			
3. NAME OF DECEASED: (Type or Print) <u>Anna</u>		(First) <u>M</u> (Middle) <u>Hitchens</u> (Last)		4. DATE OF DEATH Month <u>1</u> Day <u>2</u> Year <u>19 56</u>			
5. SEX: <u>F</u>	6. COLOR OR RACE: <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): <u>Married</u>	8. DATE OF BIRTH: <u>Aug. 6, 1903</u>	9. AGE last birthday: <u>52</u> yrs.	IF UNDER 1 YEAR Months <u> </u> Days <u> </u>		
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): <u>Nurses Aid</u>		10b. KIND OF BUSINESS OR INDUSTRY: <u>Nursing Home.</u>		11. BIRTHPLACE (State or foreign country): <u>Delaware</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>							
13. FATHER'S NAME: <u>James A. Hastings</u>			14. MOTHER'S MAIDEN NAME: <u>Rosa B. Adams</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) <u> </u>		16. SOCIAL SECURITY No.: <u> </u>		17. INFORMANT & ADDRESS: <u>Mrs. Vorah Eye, R F D # 3 Laurel, Del.</u>			
18. MEDICAL CERTIFICATION							
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: <u>810X</u> Immediate cause (a) <u>Fractured skull: crushed right chest.</u> DUE TO Antecedent cause(s) (b) <u> </u> Diseases or conditions, if any, giving rise to the above cause DUE TO stating underlying cause last (c) <u> </u>					INTERVAL BETWEEN ONSET AND DEATH <u>Sudden.</u>		
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. <u> </u>							
19a. DATE OF OPERATION: <u> </u>		19b. MAJOR FINDING OF OPERATION: <u> </u>					
21a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH. <u> </u>		21b. PLACE (Home, farm, factory, OF <u>street, office bldg., etc., INJURY</u> <u>R.R. tracks.</u>		21c. (City or town) <u>Salisbury</u> (County) <u>Wicomico</u> (State) <u>Maryland</u>			
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY <u>1 2 56 7AM.</u>		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Collision of car and R.R. train.</u>			
22. I hereby certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input checked="" type="checkbox"/> , and find that death resulted from: Natural causes <input type="checkbox"/> , Accident <input checked="" type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> .							
SIGNATURE <u>Emile Rye</u>		CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> DATE SIGNED <u>1-3-56</u> DEPUTY MEDICAL EXAMINER <input type="checkbox"/> M. D. ASSISTANT MEDICAL EXAM. <input type="checkbox"/>					
23. BURIAL, CREMATION, REMOVAL (Specify): <u>BURIAL</u>		DATE THEREOF <u>1/4/1956</u>		NAME OF CEMETERY OR CREMATORY <u>PORTSVILLE CEMETERY</u>			
LOCATION (City, town, or county) <u>PORTSVILLE, DELAWARE</u> (State) <u> </u>		24. FUNERAL DIRECTOR <u>Thomas F. Wallace</u> ADDRESS <u>Salisbury, Md.</u>					
DATE REC'D BY LOCAL REG. <u>1-3-56</u>		REGISTRAR'S SIGNATURE <u>Mary W. Holloman</u>					

BUREAU V. B.

IAN 5 1956

RECEIVED

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

01154

1173

CERTIFICATE OF DEATH

Reg. Dist. No. 40

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>Wicomico</u>		MARYLAND		STATE <u>Maryland</u>		COUNTY <u>Baltimore City</u>	
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
TOWN <u>Salisbury, Maryland</u>		<u>4 yr. 4 mo.</u>		TOWN <u>Baltimore, Maryland</u>		<u>3v01-4</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Deer's Head State Hospital</u>				STREET ADDRESS (If rural give location) <u>222 N. Stricker St.</u>			
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH			
(First) <u>Emma</u> (Middle) <u>A</u> (Last) <u>Holland</u>				(Month) (Day) (Year)			
				<u>Jan. 27 19 56</u>			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR		IF UNDER 24 HRS.
<u>Female</u>	<u>Colored</u>	<u>Widowed</u>	<u>May 2nd, 1877</u>	<u>78</u> yrs.	Months	Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
<u>Unk</u>		<u>Unk</u>		<u>Maryland</u>		<u>USA</u>	
13. FATHER'S NAME <u>Unkown</u>				14. MOTHER'S MAIDEN NAME <u>Delia Bonds</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS			
<u>Unk.</u>		<u>Unk</u>		<u>Hospital Records</u>			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						18. MEDICAL CERTIFICATION	
IMMEDIATE CAUSE (A) <u>420.0 Congestive Failure</u>						INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>	
ANTECEDENT CAUSE(S) DUE TO (B) <u>Arterio-sclerotic heart</u>						<u>?</u>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) <u>disease.</u>							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>9-11-51</u> , 19 <u>51</u> , to <u>1-27-56</u> , that I last saw the deceased alive on <u>1-27-56</u> , and that death occurred at <u>6:15 P.M.</u> from the causes and on the date stated above.							
SIGNATURE <u>Reese Mrs</u>		M.D. <u>Reesehead Hosp.</u>		ADDRESS (Street, city, town, state)		DATE SIGNED <u>1-28-56</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>2-1-56</u>		NAME OF CEMETERY OR CREMATORY <u>Mt Auburn Cmi</u>		LOCATION (City, town, or county) (State) <u>Balto Md</u>	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE <u>Mary H. Tolson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Charles H. Brown</u>		ADDRESS <u>512 Carverton</u>	
DATE <u>JAN 31 1956</u>							

CERTIFICATE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH - BALTIMORE 18

Reg. District

DEATH CERTIFICATE NUMBER

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

PLACE OF BIRTH

DATE OF BIRTH

SEX

RACE

EDUCATION

RELIGION

OCCUPATION

DATE OF MARRIAGE

NAME OF SPOUSE

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

PLACE OF BIRTH

DATE OF BIRTH

SEX

RACE

EDUCATION

RELIGION

OCCUPATION

DATE OF MARRIAGE

NAME OF SPOUSE

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

PLACE OF BIRTH

DATE OF BIRTH

SEX

RACE

EDUCATION

RELIGION

OCCUPATION

DATE OF MARRIAGE

NAME OF SPOUSE

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

PLACE OF BIRTH

DATE OF BIRTH

SEX

RACE

EDUCATION

RELIGION

OCCUPATION

DATE OF MARRIAGE

NAME OF SPOUSE

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

PLACE OF BIRTH

DATE OF BIRTH

SEX

RACE

EDUCATION

RELIGION

OCCUPATION

DATE OF MARRIAGE

NAME OF SPOUSE

BUREAU V. S.

FEB 2 1956

RECEIVED

1

INSTRUCTIONS

1

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 JOM

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1225

01155

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>Wicomico</u>		MARYLAND		STATE <u>Md.</u>		COUNTY <u>Wicomico</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Trasquin</u>		LENGTH OF STAY (in this place) <u>Life time</u>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Trasquin</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>20</u>				STREET ADDRESS (If rural give location) <u>7</u>			
3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) <u>Reese L. Horner</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>1-25-56</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>7-10-1889</u>	9. AGE last birthday <u>66</u> yrs.	IF UNDER 1 YEAR Months Days <u>8</u> <u>15</u>		IF UNDER 24 HRS. Hours Min. <u>15</u> <u>56</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Former Own Farm</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Trasquin, Md.</u>		11. BIRTHPLACE (State or foreign country) <u>U.S.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13. FATHER'S NAME <u>James Horner</u>				14. MOTHER'S MAIDEN NAME <u>Livinia Horley</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unk.) (If Yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS <u>Mary Horner, Trasquin, Md.</u>			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				18. MEDICAL CERTIFICATION			
420-0 IMMEDIATE CAUSE (A) <u>Acute Coronary Occlusion</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 hours</u>			
ANTECEDENT CAUSE(S) DUE TO (B) <u>Arteriosclerotic Heart Disease</u>				<u>5 years</u>			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		2D. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) M. <input type="checkbox"/> at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21e. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>1</u>			
22. I hereby certify that I attended the deceased from <u>10 p.m., 1949</u> , to <u>25 Jan., 1956</u> , that I last saw the deceased alive on <u>25 Jan., 1956</u> , and that death occurred at <u>8:30 p.m.</u> from the causes and on the date stated above. SIGNATURE <u>Richard H. Saunders, M.D.</u> ADDRESS (Street, city, town, state) <u>Nantuxco, Md.</u> DATE SIGNED <u>1/26/56</u> 23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u> DATE THEREOF <u>1-28-56</u> NAME OF CEMETERY OR CREMATORY <u>Wesley Park Cem.</u> LOCATION (City, town, or county) (State) <u>Salisbury, Md.</u> 24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE <u>Mary H. Galloway</u> 25. FUNERAL DIRECTOR'S SIGNATURE <u>C. G. Messick, Bishop, Md.</u> ADDRESS DATE <u>JAN 30 1956</u>							

CERTIFICATE OF DEATH

1. NAME OF DECEASED

2. SEX

3. AGE

4. DATE OF DEATH

5. PLACE OF DEATH

6. CAUSE OF DEATH

7. MEDICAL CERTIFICATION

8. SIGNATURE OF DECEASED

9. SIGNATURE OF WITNESSES

10. SIGNATURE OF CLERK

11. SIGNATURE OF JUDGE

12. SIGNATURE OF SHERIFF

13. SIGNATURE OF CORONER

14. SIGNATURE OF JURY

15. SIGNATURE OF COURT

BUREAU V. S.

JAN 30 1956

RECEIVED

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1175
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

01156
Reg. Dist. No. 332

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>Wicomico</u>		MARYLAND		STATE <u>Virginia</u>		COUNTY	
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN <u>Salisbury</u>		LENGTH OF STAY (in this place)		CITY (If outside corporate limits write RURAL and give nearest town) TOWN <u>Arlington</u>		83X-3	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Tony Tank Bridge</u>				STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED: (First) <u>Henry</u>		(Middle) <u>Bell</u>		(Last) <u>Irvin</u>		4. DATE OF DEATH (Month) <u>1</u> (Day) <u>28</u> (Year) <u>19 56</u>	
5. SEX: <u>M</u>	6. COLOR OR RACE: <u>C</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): <u>M</u>	8. DATE OF BIRTH: <u>3-15-1913</u>	9. AGE last birthday: <u>42</u> yrs.	IF UNDER 1 YEAR Months <u>10</u> Days <u>13</u>	IF UNDER 24 HRS. Hours <u>13</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): <u>Unk.</u>		10b. KIND OF BUSINESS OR INDUSTRY: <u>Unk.</u>		11. BIRTHPLACE (State or foreign country): <u>Fort Valley, Georgia</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME: <u>Salam Irving</u>				14. MOTHER'S MAIDEN NAME: <u>Angeline Williams</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) <u>unk.</u>		(If Yes, give war or dates of service) <u>unk.</u>		16. SOCIAL SECURITY No.: <u>unk.</u>		17. INFORMANT & ADDRESS: <u>M. S. Allen Fun. Home, Miami, Florida</u>	
18. MEDICAL CERTIFICATION							INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:							
Immediate cause (a) <u>Fractured cervical spine</u>							<u>Sudden</u>
DUE TO							
Antecedent cause(s) (b) <u>DUE TO</u>							
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (c)							
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION:		19b. MAJOR FINDING OF OPERATION:					20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21a. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21b. PLACE (Home, farm, factory, street, office bldg., etc.) <u>Salisbury Bridge</u>		21c. (City or town) <u>Salisbury</u> (County) <u>Wicomico</u> (State) <u>Maryland</u>			
21d. TIME (Month) (Day) (Year) (Hour) <u>1 28 56 12:15 AM</u>		21e. INJURY OCCURRED While at <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Car smashed into guard rail in car race.</u>			
22. I hereby certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input checked="" type="checkbox"/> , and find that death resulted from: Natural causes <input type="checkbox"/> , Accident <input checked="" type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> .							
SIGNATURE <u>[Signature]</u>		M. D. <u>[Signature]</u>					
23. BURIAL, CREMATION, REMOVAL (Specify): <u>Removal</u>		DATE THEREOF <u>1-31-56</u>		NAME OF CEMETERY OR CREMATORY <u>Princeton Cemetery</u>		LOCATION (City, town, or county) (State) <u>Princeton, Fla.</u>	
DATE REC'D BY LOCAL REG. <u>1-31-56</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		24. FUNERAL DIRECTOR <u>Mary A. Stewart</u>		ADDRESS <u>Stewart Funeral Home, Salisbury, Maryland</u>	

BUREAU V. 2

FEB 3 1956

RECEIVED

INSTRUCTIONS

1

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be filed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1176

CERTIFICATE OF DEATH

01157

Dr. Beardsley

Reg. Dist. No.

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY Wicomico		STATE Maryland		COUNTY Wicomico			
CITY (If outside corporate limits, write RURAL and give nearest town) Salisbury		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town) Salisbury			
HOSPITAL OR INSTITUTION OR STREET ADDRESS 304 South Haven Ave				STREET ADDRESS (If rural give location) 304 South Haven Ave.			
3. NAME OF DECEASED (First) FRANK (Middle) ARTHUR (Last) JENKINS				4. DATE OF DEATH (Month) Jan. (Day) 24 (Year) 19 56			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH October 7, 1903	9. AGE last birthday 52 yrs.	IF UNDER 1 YEAR Months 3 Days 17	IF UNDER 24 HRS. Hours 17 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter		10b. KIND OF BUSINESS OR INDUSTRY House Painter		11. BIRTHPLACE (State or foreign country) St. Mary's County, Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Dennis Jenkins				14. MOTHER'S MAIDEN NAME Martha Malone			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) No		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS Mrs. Mary Jenkins (Wife) 304 South Haven Ave Salisbury, Maryland			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				18. MEDICAL CERTIFICATION			
420.1 IMMEDIATE CAUSE (A) coronary thrombosis				INTERVAL BETWEEN ONSET AND DEATH 1 hr.			
ANTECEDENT CAUSE(S) DUE TO (B) coronary atherosclerosis				1 yr.			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 1-14, 1956, to 1-24, 1956, that I last saw the deceased alive on 1-24, 1956, and that death occurred at 6:00 A.M. from the causes and on the date stated above.							
SIGNATURE <i>Dr. Beardsley</i>				ADDRESS (Street, city, town, state) East Church St Salisbury, Maryland			
DATE SIGNED Jan. 25, 1956							
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF Jan. 27, 1956		NAME OF CEMETERY OR CREMATORY Parsons Cemetery		LOCATION (City, town, or county) (State) Salisbury, Maryland	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE <i>Mary T. Holloway</i>		25. FUNERAL DIRECTOR'S SIGNATURE HOLLOWAY & COMPANY SALISBURY MARYLAND			
DATE JAN 30 1956							

SHORTCUTS

THIS IS A SUMMARY OF THE INFORMATION CONTAINED IN THE REPORT OF THE MEDICAL EXAMINER, AND IS NOT A SUBSTITUTE FOR THE FULL REPORT. IT IS INTENDED TO BE USED AS A GUIDE IN THE INVESTIGATION OF THE CASE. THE FULL REPORT SHOULD BE REFERRED TO FOR A COMPLETE AND DETAILED ACCOUNT OF THE CASE.

CERTIFICATE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, MD.

Reg. Dist. No.

1. Usual Residence of Deceased or Hospital

2. Date of Death

3. Cause of Death

4. Date of Birth

5. Sex

6. Race

7. Occupation

8. Marital Status

9. Place of Birth

10. Date of Admission to Hospital

11. Date of Discharge

12. Date of Death

13. Date of Burial

14. Date of Interment

15. Date of Cremation

16. Date of Autopsy

17. Date of Necropsy

18. Date of Examination

19. Date of Death

20. Date of Birth

21. Date of Death

22. Date of Birth

23. Date of Death

24. Date of Birth

25. Date of Death

26. Date of Birth

27. Date of Death

28. Date of Birth

29. Date of Death

30. Date of Birth

31. Date of Death

32. Date of Birth

33. Date of Death

34. Date of Birth

35. Date of Death

36. Date of Death

37. Date of Birth

38. Date of Death

39. Date of Birth

40. Date of Death

41. Date of Birth

42. Date of Death

43. Date of Birth

44. Date of Death

45. Date of Birth

46. Date of Death

47. Date of Birth

48. Date of Death

49. Date of Birth

50. Date of Death

51. Date of Birth

52. Date of Death

53. Date of Death

54. Date of Birth

55. Date of Death

56. Date of Birth

57. Date of Death

58. Date of Birth

59. Date of Death

60. Date of Birth

61. Date of Death

62. Date of Birth

63. Date of Death

64. Date of Birth

65. Date of Death

66. Date of Birth

67. Date of Death

68. Date of Birth

69. Date of Death

70. Date of Death

71. Date of Birth

72. Date of Death

73. Date of Birth

74. Date of Death

75. Date of Birth

76. Date of Death

77. Date of Birth

78. Date of Death

79. Date of Birth

80. Date of Death

81. Date of Birth

82. Date of Death

83. Date of Birth

84. Date of Death

85. Date of Birth

86. Date of Death

87. Date of Death

88. Date of Birth

89. Date of Death

90. Date of Birth

91. Date of Death

92. Date of Birth

93. Date of Death

94. Date of Birth

95. Date of Death

96. Date of Birth

97. Date of Death

98. Date of Birth

99. Date of Death

100. Date of Birth

101. Date of Death

102. Date of Birth

103. Date of Death

BUREAU V. S.

JAN 30 1956

RECEIVED

RECEIVED

RECEIVED

1. INSTRUCTIONS TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be completed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

01159

1177

CERTIFICATE OF DEATH

Dr. Morgan

Reg. Dist. No.....

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>Wicomico</u>		MARYLAND		STATE <u>Maryland</u>		COUNTY <u>Wicomico</u>	
CITY (If outside corporate limits, write RURAL or end give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
TOWN <u>Salisbury</u>				TOWN <u>Salisbury</u>		12	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Peninsula General Hospital</u>				STREET ADDRESS (If rural give location) <u>212 Hazel Ave.</u>			
3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) <u>Jesse B. Johnson Jr.</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>1 15 19 56</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>S</u>	8. DATE OF BIRTH <u>Jan. 6, 1956</u>	9. AGE last birthday <u>0</u> yrs.	IF UNDER 1 YEAR		IF UNDER 24 HRS.
				Months	Days	Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (State or foreign country) <u>Pen. Gen. Hosp. Salisbury Md</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>Jesse Johnson</u>				14. MOTHER'S MAIDEN NAME <u>Catherine Mason</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>RECORDED</u>		17. INFORMANT & ADDRESS <u>Mr. Jessie Johnson (Father) 212 Hazel Ave. Salisbury, Maryland</u>			
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
774X IMMEDIATE CAUSE (A) <u>Respiratory Failure</u>						<u>1 hr</u>	
ANTECEDENT CAUSE(S) DUE TO (B) <u>Prematurity</u>							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) <u>Fatty Degeneration of Liver</u>							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. <u>Chronic Intrauterine Anoxia</u>							
19a. DATE OF OPERATION <u>2</u>		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>1/16</u> , 19 <u>56</u> , to <u>1/15</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>1/15</u> , 19 <u>56</u> , and that death occurred at <u>2:55</u> A.M., from the causes and on the date stated above.							
SIGNATURE <u>William C. Morgan</u> M.D.				ADDRESS (Street, city, town, state) <u>Salisbury Md</u>		DATE SIGNED <u>1/15/56</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>Jan. 16, 1956</u>		NAME OF CEMETERY OR CREMATORY <u>Parsons Cemetery</u>		LOCATION (City, town, or county) (State) <u>Salisbury, Maryland</u>	
24. REC'D BY REGISTRAR <u>JAN 17 1956</u> DATE		REGISTRAR'S SIGNATURE <u>Mary H. Hallaway</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>HOLLOWAY & COMPANY SALISBURY MARYLAND</u>			

20123049332

1150

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE 18

CERTIFICATE OF DEATH

Reg. No. 1150

1. USUAL RESIDENCE WHEN DECEASED

2. PLACE OF DEATH

3. NAME OF DECEASED

4. SEX

5. AGE

6. DATE OF DEATH

7. TIME OF DEATH

8. CAUSE OF DEATH

9. PLACE OF BIRTH

10. OCCUPATION

11. MARITAL STATUS

12. DATE OF BIRTH

13. TIME OF BIRTH

14. CAUSE OF BIRTH

15. PLACE OF DEATH

16. OCCUPATION

17. MARITAL STATUS

18. DATE OF DEATH

19. TIME OF DEATH

20. CAUSE OF DEATH

19. DATE OF BIRTH

20. TIME OF BIRTH

21. CAUSE OF BIRTH

22. PLACE OF DEATH

23. OCCUPATION

24. MARITAL STATUS

25. DATE OF DEATH

26. TIME OF DEATH

27. CAUSE OF DEATH

28. PLACE OF BIRTH

29. OCCUPATION

30. MARITAL STATUS

31. DATE OF BIRTH

32. TIME OF BIRTH

33. CAUSE OF BIRTH

34. PLACE OF DEATH

35. OCCUPATION

36. MARITAL STATUS

37. DATE OF DEATH

38. TIME OF DEATH

39. CAUSE OF DEATH

40. PLACE OF BIRTH

41. OCCUPATION

42. MARITAL STATUS

43. DATE OF BIRTH

44. TIME OF BIRTH

45. CAUSE OF BIRTH

46. PLACE OF DEATH

47. OCCUPATION

48. MARITAL STATUS

49. DATE OF DEATH

50. TIME OF DEATH

51. CAUSE OF DEATH

BUREAU V. 3

JAN 17 1956

RECEIVED

RECEIVED

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A13C 1-55 10M

1178

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

01158

CERTIFICATE OF DEATH

Dr. Beardsley

Reg. Dist. No.

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY Wicomico		STATE MARYLAND		STATE Maryland		COUNTY Wicomico	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Salisbury		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Salisbury			
HOSPITAL OR INSTITUTION OR STREET ADDRESS Pen. Gen. Hospital				STREET ADDRESS (If rural give location) R.D.# 4 (Johnson Road)			
3. NAME OF DECEASED (First) (Middle) (Last) ELWOOD MEDFORD JONES				4. DATE OF DEATH (Month) (Day) (Year) Jan. 27th 19 56			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH Sept. 7th, 1894		9. AGE last birthday 61 yrs.	IF UNDER 1 YEAR Months 4 Days 20	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer (Employee of Steele Junk Yard)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Harrington, Delaware		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Charles Jones				14. MOTHER'S MAIDEN NAME Natilda Hammond			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) Unk		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS Mrs. Elsie Steele (Sister) E. Vine St Ext. Salisbury, Maryland			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
331X IMMEDIATE CAUSE (A)				essential hemorrhage		1 day	
ANTECEDENT CAUSE(S) DUE TO (B)				essential hypertension		1 yr.	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)							
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 1-20, 1956, to 1-27, 1956, that I last saw the deceased alive on 1-27, 1956, and that death occurred at 8:00 P.M., from the causes and on the date stated above.							
SIGNATURE <i>[Signature]</i>				DATE SIGNED M.D. East Church St Salisbury, Maryland Jan. 28/56			
23. BURIAL, CREMATION, REMOVAL (Specify) Burial		DATE THEREOF Jan. 30/56		NAME OF CEMETERY OR CREMATORY Wicomico Memorial Park		LOCATION (City, town, or county) (State) Salisbury, Maryland	
24. REC'D BY REGISTRAR JAN 30 1956		REGISTRAR'S SIGNATURE <i>[Signature]</i>		25. FUNERAL DIRECTOR'S SIGNATURE HOLLOWAY & COMPANY		ADDRESS SALISBURY MARYLAND	

9561 08 1956

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1179 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01160

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>Wicomico</u>		MARYLAND		STATE <u>Delaware</u> COUNTY <u>Sussex</u>			
CITY (If outside corporate limits, write RURAL OR and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town) OR			
TOWN <u>Salisbury</u>				TOWN <u>Selbyville</u>		<u>46X-3</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Peninsula General Hospital</u>				STREET ADDRESS (If rural give location)			
3. NAME OF DECEASED: (Type or Print)				4. DATE (Month) (Day) (Year) OF DEATH:			
(First) <u>William</u>		(Middle) <u>J</u>		(Last) <u>Kitchens</u>			
5. SEX: <u>male</u>		6. COLOR OR RACE: <u>White</u>		8. DATE OF BIRTH: <u>May 10, 1878</u>		9. AGE last birthday <u>77</u> yrs.	
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):				IF UNDER 1 YEAR		IF UNDER 24 HRS.	
				Months Days Hours Min.			
10A. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired)				10B. KIND OF BUSINESS OR INDUSTRY:		11. BIRTHPLACE (State or foreign country):	
<u>Field Foreman</u>				<u>Nursery</u>		<u>Maryland</u>	
12. CITIZEN OF WHAT COUNTRY?				13. FATHER'S NAME:			
<u>U.S.A</u>				<u>Theodore Kitchens</u>			
14. MOTHER'S MAIDEN NAME:				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)			
<u>Elizabeth Baker</u>				<u>222-20-3228</u>			
16. INFORMANT & ADDRESS:				17. SOCIAL SECURITY NO.			
<u>Anna Kitchens, Selbyville, Del.</u>							
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
IMMEDIATE CAUSE (A) <u>Myocardial Insufficiency</u>						<u>2 yrs.</u>	
ANTECEDENT CAUSE (B) <u>Arteriosclerotic Heart Disease</u>						<u>2 yrs.</u>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.							
(C) <u>Pulmonary Emphysema</u>							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19A. DATE OF OPERATION:		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, or INJURY street, office bldg., etc.		21C. WHERE DID (City or town) (County) (State)		INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>1/31</u> , 19 <u>56</u> , to <u>1/7</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>1/7</u> , 19 <u>56</u> , and that death occurred at <u>M</u> , from the causes and on the date stated above.							
SIGNATURE <u>David J. Silmore</u>		M. D. <u>Sakethury Md.</u>		DATE SIGNED <u>Jan. 7, 1956</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
<u>1-10-56</u>		<u>I.O.O.F. Cemetery</u>		<u>Bishopville Md.</u>			
DATE REC'D BY LOCAL REGISTRAR <u>1-9-56</u>		REGISTRAR'S SIGNATURE <u>Mary W. Holloway</u>		24. FUNERAL DIRECTOR <u>Peter Whaley</u>		ADDRESS <u>Selbyville, Del.</u>	

RECEIVED

JAN 11 1956

BUREAU V. S.

1206

01161

Reg. Dist.

No. 332

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY <u>Wicomico</u>	MARYLAND	STATE <u>md</u>	COUNTY <u>Wicomico</u>
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN <u>Salisbury</u>		CITY (If outside corporate limits write RURAL and give nearest town) TOWN <u>Salisbury md</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location) <u>Rural</u>	
3. NAME OF DECEASED: (Type or Print)		4. DATE OF DEATH	
(First) <u>Clifford</u> (Middle) (Last) <u>Lewis</u>		(Month) <u>1</u> (Day) <u>24</u> (Year) <u>1956</u>	
5. SEX: <u>Male</u>	6. COLOR OR RACE: <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): <u>Single</u>	8. DATE OF BIRTH: <u>1928</u>
9. AGE last birthday: <u>38</u> yrs.		10. KIND OF BUSINESS OR INDUSTRY: <u>none</u>	
11. BIRTHPLACE (State or foreign country): <u>va</u>		12. CITIZEN OF WHAT COUNTRY: <u>U.S.A.</u>	
13. FATHER'S NAME:		14. MOTHER'S MAIDEN NAME:	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) <u>✓</u> (If Yes, give war or dates of service) <u>WWII</u>		16. SOCIAL SECURITY No.: <u>224-14-8174</u>	
17. INFORMANT & ADDRESS:		<u>Lettie J. Williams</u>	

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) <u>Broncho-pneumonia.</u>			<u>Sudden.</u>
DUE TO			
Antecedent cause(s) (b) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (c)			
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19a. DATE OF OPERATION:		19b. MAJOR FINDING OF OPERATION:	
20. AUTOPSY: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
21a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY)	21c. (City or town)	(County) (State)
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I took charge of the remains described above, held an Autopsy <input checked="" type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input checked="" type="checkbox"/> , and find that death resulted from: Natural causes <input checked="" type="checkbox"/> , Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> .			
SIGNATURE <u>Earl K. Ryan</u>		CHIEF MEDICAL EXAMINER <input type="checkbox"/> DATE SIGNED <u>1-24-56</u> DEPUTY MEDICAL EXAMINER <input type="checkbox"/> M. D. ASSISTANT MEDICAL EXAM. <input type="checkbox"/>	
23. BURIAL, CREMATION, REMOVAL (Specify): <u>Burial</u>	DATE THEREOF: <u>1-29-56</u>	NAME OF CEMETERY OR CREMATORY: <u>Green Acres Cem</u>	
LOCATION (City, town, or county) (State): <u>Salisbury md</u>	24. FUNERAL DIRECTOR: <u>Booker M. West</u>		
DATE REC'D BY LOCAL REG. <u>1-29-56</u>	REGISTRAR'S SIGNATURE: <u>Mary W. Holloway</u>	ADDRESS:	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

FEB 1 1956

RECEIVED

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS 15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1180

CERTIFICATE OF DEATH

01162

Reg. Dist. No.

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>Wicomico</u>		STATE <u>Md.</u> COUNTY <u>Wicomico</u>		CITY (If outside corporate limits, write RURAL and give nearest town)		CITY (If outside corporate limits, write RURAL and give nearest town)	
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (in this place)		CITY OR TOWN		STREET ADDRESS (If rural give location)	
TOWN <u>Salisbury</u>		<u>3 Days</u>		<u>Salisbury</u>		<u>12</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Peninsula Gen. Hospital</u>				STREET ADDRESS			
3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last)				4. DATE OF DEATH (Month) (Day) (Year)			
<u>SARAH E. MACK</u>				<u>January 22-1956</u>			
5. SEX <u>F</u>	6. COLOR OR RACE <u>C</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH <u>April 4-12-1900</u>	9. AGE last birthday <u>55</u> yrs.	IF UNDER 1 YEAR		IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>		11. BIRTHPLACE (State or foreign country) <u>Nanticoke, Md.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		
13. FATHER'S NAME <u>Asbury Barclay</u>				14. MOTHER'S MAIDEN NAME <u>Deletto Mutter</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)				16. SOCIAL SECURITY NO. <u>229-267607</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)				17. INFORMANT & ADDRESS <u>Joseph Mack, Nanticoke, Md.</u>			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						18. MEDICAL CERTIFICATION	
4500 IMMEDIATE CAUSE (A) <u>Congestive Heart Failure + Cardiac Decompensation</u>						INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSE(S) DUE TO (B) <u>Myocardial Infarction + Mitral Aortic Regurgitation</u>							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) <u>Arteriosclerosis</u>							
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				21b. PLACE (Home, farm, factory, or INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (M. at work <input type="checkbox"/> Not while at work <input type="checkbox"/>				21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan 15th, 1956, to Jan 22, 1956, that I last saw the deceased alive on Jan 22, 1956, and that death occurred at 226 N. Wicomico St. M, from the causes and on the date stated above.							
SIGNATURE <u>Currie J. Heath</u>				DATE SIGNED <u>1/25/56</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>				DATE THEREOF <u>1/26/56</u>		NAME OF CEMETERY OR CREMATORY <u>Nanticoke Cem.</u>	
24. REC'D BY REGISTRAR <u>May H. Holloway</u>				REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE <u>C. D. Messick, Nanticoke, Md.</u>	
DATE <u>JAN 30 1956</u>				ADDRESS			

CERTIFICATE OF DEATH

180

Reg. Gen. No.

NAME OF DECEASED OR HOUSEHOLD MEMBER

DATE OF DEATH

SEX

AGE

DATE OF BIRTH

PLACE OF BIRTH

CITY

STATE

EDUCATION

OCCUPATION

RELIGION

USUAL RESIDENCE

DATE OF DEATH

TIME OF DEATH

CAUSE OF DEATH

PLACE OF DEATH

DATE OF DEATH

PLACE OF DEATH

DATE OF DEATH

TIME OF DEATH

CAUSE OF DEATH

PLACE OF DEATH

DATE OF DEATH

PLACE OF DEATH

DATE OF DEATH

TIME OF DEATH

CAUSE OF DEATH

PLACE OF DEATH

DATE OF DEATH

PLACE OF DEATH

DATE OF DEATH

TIME OF DEATH

CAUSE OF DEATH

PLACE OF DEATH

DATE OF DEATH

PLACE OF DEATH

DATE OF DEATH

TIME OF DEATH

CAUSE OF DEATH

PLACE OF DEATH

DATE OF DEATH

PLACE OF DEATH

DATE OF DEATH

TIME OF DEATH

CAUSE OF DEATH

PLACE OF DEATH

DATE OF DEATH

PLACE OF DEATH

DATE OF DEATH

TIME OF DEATH

CAUSE OF DEATH

PLACE OF DEATH

DATE OF DEATH

PLACE OF DEATH

DATE OF DEATH

TIME OF DEATH

CAUSE OF DEATH

PLACE OF DEATH

DATE OF DEATH

PLACE OF DEATH

DATE OF DEATH

TIME OF DEATH

CAUSE OF DEATH

PLACE OF DEATH

DATE OF DEATH

PLACE OF DEATH

DATE OF DEATH

TIME OF DEATH

CAUSE OF DEATH

PLACE OF DEATH

DATE OF DEATH

PLACE OF DEATH

DATE OF DEATH

TIME OF DEATH

CAUSE OF DEATH

PLACE OF DEATH

DATE OF DEATH

PLACE OF DEATH

DATE OF DEATH

TIME OF DEATH

CAUSE OF DEATH

PLACE OF DEATH

DATE OF DEATH

PLACE OF DEATH

DATE OF DEATH

TIME OF DEATH

CAUSE OF DEATH

PLACE OF DEATH

DATE OF DEATH

PLACE OF DEATH

DATE OF DEATH

TIME OF DEATH

CAUSE OF DEATH

PLACE OF DEATH

DATE OF DEATH

PLACE OF DEATH

DATE OF DEATH

TIME OF DEATH

CAUSE OF DEATH

PLACE OF DEATH

DATE OF DEATH

PLACE OF DEATH

DATE OF DEATH

TIME OF DEATH

CAUSE OF DEATH

PLACE OF DEATH

DATE OF DEATH

PLACE OF DEATH

DATE OF DEATH

TIME OF DEATH

CAUSE OF DEATH

PLACE OF DEATH

DATE OF DEATH

PLACE OF DEATH

DATE OF DEATH

TIME OF DEATH

CAUSE OF DEATH

PLACE OF DEATH

DATE OF DEATH

PLACE OF DEATH

DATE OF DEATH

TIME OF DEATH

CAUSE OF DEATH

PLACE OF DEATH

DATE OF DEATH

PLACE OF DEATH

DATE OF DEATH

TIME OF DEATH

CAUSE OF DEATH

PLACE OF DEATH

DATE OF DEATH

PLACE OF DEATH

DATE OF DEATH

TIME OF DEATH

CAUSE OF DEATH

PLACE OF DEATH

DATE OF DEATH

PLACE OF DEATH

DATE OF DEATH

TIME OF DEATH

CAUSE OF DEATH

PLACE OF DEATH

DATE OF DEATH

PLACE OF DEATH

DATE OF DEATH

TIME OF DEATH

CAUSE OF DEATH

PLACE OF DEATH

DATE OF DEATH

PLACE OF DEATH

DATE OF DEATH

TIME OF DEATH

CAUSE OF DEATH

PLACE OF DEATH

DATE OF DEATH

PLACE OF DEATH

DATE OF DEATH

TIME OF DEATH

CAUSE OF DEATH

PLACE OF DEATH

DATE OF DEATH

PLACE OF DEATH

DATE OF DEATH

TIME OF DEATH

BUREAU V. S.

JAN 30 1956

RECEIVED

MASSACHUSETTS

RECEIVED JAN 30 1956

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

(VS AISC 1-55 10M)

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1181

CERTIFICATE OF DEATH

01163

Reg. Dist. No.

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>Wicomico</u>		MARYLAND		STATE <u>MARYLAND</u> COUNTY <u>Wicomico</u>			
CITY (If outside corporate limits, write RURAL and give nearest town) <u>12 SALISBURY</u>		LENGTH OF STAY (In this place) <u>2 DAYS</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>SALISBURY</u>		<u>12</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>82 PENINSULA GENERAL HOSPITAL</u>				STREET ADDRESS (If rural, give location) <u>PACIFIC AVE</u>		<u>1</u>	
3. NAME OF DECEASED (Type or Print) <u>Virginia BOUNDS</u> <u>MALONE</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>JANUARY 13 1956</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>FEB. 17 1913</u>	9. AGE last birthday <u>42</u> yrs.	IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>OWN HOME</u>		11. BIRTHPLACE (State or foreign country) <u>MARYLAND</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>FRANK BOUNDS</u>				14. MOTHER'S MAIDEN NAME <u>MERTLE LECATES</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unk.) <u>NO</u>		16. SOCIAL SECURITY NO. <u>215-20-4210</u>		17. INFORMANT & ADDRESS <u>RUSSELL MALONE SAME</u>			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						18. MEDICAL CERTIFICATION	
441X IMMEDIATE CAUSE (A) <u>Chronic Poisoning</u>						INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSE(S) DUE TO (B) <u>Hypertensive C.V. Disease</u>							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) <u>Malignant Hypertension</u>							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>1-12</u>, 19 <u>56</u>, to <u>1-13</u>, 19 <u>56</u>, that I last saw the deceased alive on <u>1-13</u>, 19 <u>56</u>, and that death occurred at <u>3 P.M.</u> from the causes and on the date stated above.							
SIGNATURE <u>Mary B. Smith</u> M.D.				ADDRESS (Street, city, town, state) <u>Salisbury Ind.</u>		DATE SIGNED <u>1-13-56</u>	
23. BURIAL, CREMATION, REMOVAL (Specify)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
<u>BURIAL</u>		<u>1/16/1956</u>		<u>ALLEN CEMETERY</u>		<u>ALLEN, MARYLAND</u>	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
<u>1-13-56</u>		<u>Mary R. Holloway</u>		<u>Hill & Johnson Co.</u>		<u>Salisbury, Md.</u>	
DATE				<u>Norman F. Baker</u>			

BUREAU V. S.

JAN 17 1956

RECEIVED

CERTIFICATE OF DEATH

UNITED STATES DEPARTMENT OF HEALTH

NAME OF DECEASED
DATE OF DEATH
PLACE OF DEATH

SEX
AGE

CAUSE OF DEATH
MANNER OF DEATH

EDUCATION
OCCUPATION
MARRIAGE

PREVIOUS ILLNESS
HISTORY OF DRUGS

PHYSICIAN'S SIGNATURE
DATE

TESTIFYING PHYSICIAN'S SIGNATURE
DATE

TESTIFYING PHYSICIAN'S SIGNATURE
DATE

TESTIFYING PHYSICIAN'S SIGNATURE
DATE

TESTIFYING PHYSICIAN'S SIGNATURE
DATE

RECEIVED

RECEIVED
JAN 17 1956
BUREAU V. S.

1

INSTRUCTIONS

1 executed within **24** hours after death.

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be filed with the registrar within **72** hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72** hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

01164

1182

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>Wicomico</u>		STATE <u>Maryland</u> COUNTY <u>Wicomico</u> <u>St. Mary's</u>		CITY (If outside corporate limits, write RURAL and give nearest town)		CITY (If outside corporate limits, write RURAL and give nearest town)	
CITY OR TOWN <u>Salisbury</u>		LENGTH OF STAY (in this place) <u>Since 11/28/55</u>		CITY OR TOWN <u>Piney Point</u>		CITY OR TOWN <u>18X-2</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Pine Bluff State Hospital</u> <u>Salisbury, Maryland</u>				STREET ADDRESS (If rural give location) <u>✓</u>			
3. NAME OF DECEASED (First) (Middle) (Last) <u>William</u> <u>Abell</u> <u>Medley</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>Jan</u> <u>18</u> <u>1956</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Feb. 5, 1902</u>	9. AGE last birthday <u>53</u> yrs.	IF UNDER 1 YEAR		IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Medley's Neck, Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>William Henry Medley</u>				14. MOTHER'S MAIDEN NAME <u>Ida Redburn</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) <u>No</u>		16. SOCIAL SECURITY NO. <u>214-18-2743</u>		17. INFORMANT & ADDRESS <u>self when admitted to hospital</u>			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				18. MEDICAL CERTIFICATION			
<u>002X</u> IMMEDIATE CAUSE (A) <u>Pulmonary Tuberculosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 1/2 yrs</u>			
ANTECEDENT CAUSE(S) DUE TO (B)							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) M. <input type="checkbox"/> at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>11/28</u> , 19 <u>55</u> , to <u>1/18</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>1/18</u> , 19 <u>56</u> , and that death occurred at <u>5:45</u> P.M. from the causes and on the date stated above.							
SIGNATURE <u>St. Hurdle</u> M.D. <u>Pine Bluff Hosp. Salisbury</u>				DATE SIGNED <u>1/18/56</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
<u>Burial</u>		<u>Jan 23 1956</u>		<u>Calvary</u>		<u>Lee ind</u>	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
<u>JAN 23 1956</u>		<u>Mary H. Hallows</u>		<u>Charles F. Mattingly</u>		<u>Woodruff</u>	

BUREAU A. 3.

INSTRUCTIONS

1. TO ATTENDING PHYSICIAN ON HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

2. TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

1207

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

01165

Reg. Dist. No. 337

Dr. Insley

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY Wicomico		MARYLAND		STATE Maryland		COUNTY Wicomico	
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
TOWN Salisbury				TOWN Salisbury			
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.D. # 4 (Ocean City Rd)				STREET ADDRESS (If rural give location) R.D. # 4 (Ocean City Rd)			
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH			
(First) ALVERNON		(Middle)		(Last) MESSICK			
5. SEX Male		6. COLOR OR RACE White		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married		8. DATE OF BIRTH Sept. 30, 1864	
				9. AGE last birthday 91 yrs.		10. IF UNDER 1 YEAR (Month) (Day) (Year) Jan. 29th 19 56	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Carpenter		10b. KIND OF BUSINESS OR INDUSTRY Carpenter		11. BIRTHPLACE (State or foreign country) Sussex County, Delaware		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Clayton H. Messick				14. MOTHER'S MAIDEN NAME Sarah Elizabeth Tyndall			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) No		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS Mrs. Willie May Messick (Wife) R.D. # 4 (Ocean City Rd) Salisbury, Maryland			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				18. MEDICAL CERTIFICATION			
IMMEDIATE CAUSE (A) 442X Cardio-vascular Renal Disease				INTERVAL BETWEEN ONSET AND DEATH			
ANTECEDENT CAUSE(S) DUE TO (B)							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO (C)							
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. <input type="checkbox"/> Not while at work <input type="checkbox"/>		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from....., 1957, to....., 1957, that I last saw the deceased alive on....., 1957, and that death occurred at....., 1:15 P.M., from the causes and on the date stated above.							
SIGNATURE Thos. A. Insley				ADDRESS (Street, city, town, state) M.D. East Main St. Salisbury, Maryland			
DATE Jan. 30/56				DATE SIGNED			
23. BURIAL, CREMATION, REMOVAL (Specify) Burial		DATE THEREOF Feb. 1, 1956		NAME OF CEMETERY OR CREMATORY Asbury Church Cemetery		LOCATION (City, town, or county) (State) Laurel-Georgetown Rd. Del.	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE Mary H. Holloway		25. FUNERAL DIRECTOR'S SIGNATURE HOLLOWAY & COMPANY		ADDRESS SALISBURY MARYLAND	

CERTIFICATE OF DEATH

FILE NO.

DATE OF DEATH

1. USUAL RESIDENCE (HOUSE OR PLACE)

2. PLACE OF DEATH

3. DEATH OF DEATH

4. CAUSE OF DEATH

5. PLACE OF DEATH

6. PLACE OF DEATH

7. PLACE OF DEATH

8. PLACE OF DEATH

9. PLACE OF DEATH

10. PLACE OF DEATH

11. PLACE OF DEATH

12. PLACE OF DEATH

13. PLACE OF DEATH

14. PLACE OF DEATH

15. PLACE OF DEATH

16. PLACE OF DEATH

17. PLACE OF DEATH

18. PLACE OF DEATH

19. PLACE OF DEATH

20. PLACE OF DEATH

21. PLACE OF DEATH

22. PLACE OF DEATH

23. PLACE OF DEATH

24. PLACE OF DEATH

25. PLACE OF DEATH

26. PLACE OF DEATH

27. PLACE OF DEATH

28. PLACE OF DEATH

29. PLACE OF DEATH

30. PLACE OF DEATH

31. PLACE OF DEATH

32. PLACE OF DEATH

33. PLACE OF DEATH

34. PLACE OF DEATH

35. PLACE OF DEATH

36. PLACE OF DEATH

37. PLACE OF DEATH

38. PLACE OF DEATH

39. PLACE OF DEATH

40. PLACE OF DEATH

41. PLACE OF DEATH

42. PLACE OF DEATH

43. PLACE OF DEATH

44. PLACE OF DEATH

45. PLACE OF DEATH

46. PLACE OF DEATH

47. PLACE OF DEATH

48. PLACE OF DEATH

49. PLACE OF DEATH

50. PLACE OF DEATH

51. PLACE OF DEATH

52. PLACE OF DEATH

53. PLACE OF DEATH

54. PLACE OF DEATH

55. PLACE OF DEATH

56. PLACE OF DEATH

57. PLACE OF DEATH

58. PLACE OF DEATH

59. PLACE OF DEATH

60. PLACE OF DEATH

61. PLACE OF DEATH

62. PLACE OF DEATH

63. PLACE OF DEATH

64. PLACE OF DEATH

65. PLACE OF DEATH

66. PLACE OF DEATH

67. PLACE OF DEATH

68. PLACE OF DEATH

69. PLACE OF DEATH

70. PLACE OF DEATH

71. PLACE OF DEATH

72. PLACE OF DEATH

73. PLACE OF DEATH

74. PLACE OF DEATH

75. PLACE OF DEATH

76. PLACE OF DEATH

77. PLACE OF DEATH

78. PLACE OF DEATH

79. PLACE OF DEATH

80. PLACE OF DEATH

BUREAU V. S.

FEB 2 1956

RECEIVED

RECEIVED

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OF HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS 15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

01166

1183

CERTIFICATE OF DEATH

Dr. Fisher

Reg. Dist. No. 337

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY Wicomico		MARYLAND		STATE Maryland		COUNTY Wicomico	
CITY (If outside corporate limits, write RURAL and give nearest town) Salisbury		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town) Salisbury			
HOSPITAL OR INSTITUTION OR STREET ADDRESS Pen. Gen. Hospital		STREET ADDRESS (If rural give location) 127 East Philadelphia Ave.					
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH		5. AGE last birthday	
(First) MARY		(Middle) ELIZABETH		(Last) NIBLETT		(Month) JAN. (Day) 1 st (Year) 19 56	
6. SEX Female	7. COLOR OR RACE White	8. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	9. DATE OF BIRTH Mar. 15, 1907	10. AGE last birthday 48 yrs.		11. IF UNDER 1 YEAR (Months) (Days) (Hours) (Min.)	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Employee (Ironer) at Sunshine Laundry		10b. KIND OF BUSINESS OR INDUSTRY Wicomico Co. Maryland		11. BIRTHPLACE (State or foreign country) USA		12. CITIZEN OF WHAT COUNTRY USA	
13. FATHER'S NAME Orlanda Lemon				14. MOTHER'S MAIDEN NAME Sarah Sturgis			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) No		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS Mrs. June Lambert (Daughter) R.D. # 2 Hamilton, New York			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				18. MEDICAL CERTIFICATION			
IMMEDIATE CAUSE (A) Metastatic carcinoma of both lungs				INTERVAL BETWEEN ONSET AND DEATH 1 1/2 yr.			
ANTECEDENT CAUSE(S) DUE TO (B) Carcinoma of st. breast							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)							
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. <input type="checkbox"/> Not while at work <input type="checkbox"/>		21e. INJURY OCCURRED While <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 10-16, 1954 , to 1-1, 1956 , that I last saw the deceased alive on 1-1, 1956 , and that death occurred at 1:10 P.M. from the causes and on the date stated above.							
SIGNATURE William H. Sturgis				ADDRESS (Street, city, town, state) M.D. Medical Center Salisbury, Maryland Jan. 1956			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF Jan. 5, 1956		NAME OF CEMETERY OR CREMATORY Parsons Cemetery		LOCATION (City, town, or county) (State) Salisbury, Maryland	
24. REC'D BY REGISTRAR DATE JAN 5 1956		REGISTRAR'S SIGNATURE Mary H. Holloway		25. FUNERAL DIRECTOR'S SIGNATURE HOLLOWAY & COMPANY ADDRESS SALISBURY MARYLAND			

CERTIFICATE OF DEATH

MASSACHUSETTS DEPARTMENT OF HEALTH-BATTEL-GRE 12

1956

Reg. Dist. No.

1. NAME OF DECEASED (Print or Write)

2. SEX

3. AGE

4. DATE OF BIRTH

5. PLACE OF BIRTH (City, Town, or Village)

6. OCCUPATION

7. CAUSE OF DEATH

8. PLACE OF DEATH

9. DATE OF DEATH

10. TIME OF DEATH

11. SIGNATURE OF PHYSICIAN

12. SIGNATURE OF REGISTRAR

13. SIGNATURE OF WITNESSES

14. SIGNATURE OF DECEASED

15. SIGNATURE OF NEXT OF KIN

16. SIGNATURE OF CLERGYMAN

17. SIGNATURE OF BURIAL OFFICIAL

18. SIGNATURE OF FUNERAL HOME

19. SIGNATURE OF CEMETERY

20. SIGNATURE OF OTHER

21. SIGNATURE OF OTHER

22. SIGNATURE OF OTHER

23. SIGNATURE OF OTHER

24. SIGNATURE OF OTHER

25. SIGNATURE OF OTHER

26. SIGNATURE OF OTHER

27. SIGNATURE OF OTHER

28. SIGNATURE OF OTHER

29. SIGNATURE OF OTHER

30. SIGNATURE OF OTHER

31. SIGNATURE OF OTHER

32. SIGNATURE OF OTHER

33. SIGNATURE OF OTHER

34. SIGNATURE OF OTHER

35. SIGNATURE OF OTHER

36. SIGNATURE OF OTHER

37. SIGNATURE OF OTHER

38. SIGNATURE OF OTHER

39. SIGNATURE OF OTHER

40. SIGNATURE OF OTHER

41. SIGNATURE OF OTHER

42. SIGNATURE OF OTHER

43. SIGNATURE OF OTHER

44. SIGNATURE OF OTHER

45. SIGNATURE OF OTHER

46. SIGNATURE OF OTHER

47. SIGNATURE OF OTHER

48. SIGNATURE OF OTHER

49. SIGNATURE OF OTHER

50. SIGNATURE OF OTHER

51. SIGNATURE OF OTHER

52. SIGNATURE OF OTHER

53. SIGNATURE OF OTHER

54. SIGNATURE OF OTHER

55. SIGNATURE OF OTHER

56. SIGNATURE OF OTHER

57. SIGNATURE OF OTHER

58. SIGNATURE OF OTHER

59. SIGNATURE OF OTHER

60. SIGNATURE OF OTHER

61. SIGNATURE OF OTHER

62. SIGNATURE OF OTHER

63. SIGNATURE OF OTHER

64. SIGNATURE OF OTHER

65. SIGNATURE OF OTHER

66. SIGNATURE OF OTHER

67. SIGNATURE OF OTHER

68. SIGNATURE OF OTHER

69. SIGNATURE OF OTHER

70. SIGNATURE OF OTHER

71. SIGNATURE OF OTHER

72. SIGNATURE OF OTHER

73. SIGNATURE OF OTHER

74. SIGNATURE OF OTHER

75. SIGNATURE OF OTHER

76. SIGNATURE OF OTHER

77. SIGNATURE OF OTHER

78. SIGNATURE OF OTHER

79. SIGNATURE OF OTHER

80. SIGNATURE OF OTHER

81. SIGNATURE OF OTHER

82. SIGNATURE OF OTHER

83. SIGNATURE OF OTHER

84. SIGNATURE OF OTHER

85. SIGNATURE OF OTHER

86. SIGNATURE OF OTHER

87. SIGNATURE OF OTHER

88. SIGNATURE OF OTHER

89. SIGNATURE OF OTHER

90. SIGNATURE OF OTHER

91. SIGNATURE OF OTHER

92. SIGNATURE OF OTHER

93. SIGNATURE OF OTHER

94. SIGNATURE OF OTHER

95. SIGNATURE OF OTHER

96. SIGNATURE OF OTHER

97. SIGNATURE OF OTHER

98. SIGNATURE OF OTHER

99. SIGNATURE OF OTHER

100. SIGNATURE OF OTHER

101. SIGNATURE OF OTHER

102. SIGNATURE OF OTHER

103. SIGNATURE OF OTHER

104. SIGNATURE OF OTHER

105. SIGNATURE OF OTHER

106. SIGNATURE OF OTHER

107. SIGNATURE OF OTHER

108. SIGNATURE OF OTHER

109. SIGNATURE OF OTHER

110. SIGNATURE OF OTHER

111. SIGNATURE OF OTHER

112. SIGNATURE OF OTHER

113. SIGNATURE OF OTHER

114. SIGNATURE OF OTHER

115. SIGNATURE OF OTHER

116. SIGNATURE OF OTHER

117. SIGNATURE OF OTHER

118. SIGNATURE OF OTHER

119. SIGNATURE OF OTHER

120. SIGNATURE OF OTHER

121. SIGNATURE OF OTHER

122. SIGNATURE OF OTHER

123. SIGNATURE OF OTHER

124. SIGNATURE OF OTHER

125. SIGNATURE OF OTHER

126. SIGNATURE OF OTHER

127. SIGNATURE OF OTHER

128. SIGNATURE OF OTHER

129. SIGNATURE OF OTHER

130. SIGNATURE OF OTHER

131. SIGNATURE OF OTHER

132. SIGNATURE OF OTHER

133. SIGNATURE OF OTHER

134. SIGNATURE OF OTHER

135. SIGNATURE OF OTHER

136. SIGNATURE OF OTHER

137. SIGNATURE OF OTHER

138. SIGNATURE OF OTHER

139. SIGNATURE OF OTHER

140. SIGNATURE OF OTHER

141. SIGNATURE OF OTHER

142. SIGNATURE OF OTHER

143. SIGNATURE OF OTHER

144. SIGNATURE OF OTHER

145. SIGNATURE OF OTHER

146. SIGNATURE OF OTHER

147. SIGNATURE OF OTHER

148. SIGNATURE OF OTHER

149. SIGNATURE OF OTHER

150. SIGNATURE OF OTHER

151. SIGNATURE OF OTHER

152. SIGNATURE OF OTHER

153. SIGNATURE OF OTHER

154. SIGNATURE OF OTHER

155. SIGNATURE OF OTHER

156. SIGNATURE OF OTHER

157. SIGNATURE OF OTHER

158. SIGNATURE OF OTHER

159. SIGNATURE OF OTHER

160. SIGNATURE OF OTHER

161. SIGNATURE OF OTHER

162. SIGNATURE OF OTHER

163. SIGNATURE OF OTHER

164. SIGNATURE OF OTHER

165. SIGNATURE OF OTHER

166. SIGNATURE OF OTHER

167. SIGNATURE OF OTHER

168. SIGNATURE OF OTHER

BUREAU V. 2

JAN 5 1956

RECEIVED

CERTIFICATE OF DEATH

01167

Reg. Dist. No.....

1184

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>Wicomico</u>		MARYLAND		STATE <u>Delaware</u>		COUNTY <u>Sussex</u>	
CITY (If outside corporate limits, write RURAL OR and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
TOWN <u>Salisbury</u>				TOWN <u>Rural - Bethel</u> <u>46X-3</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Peninsula General Hospital</u>				STREET ADDRESS (If rural give location) <u>Bethel - Seaford Road</u>			
3. NAME OF DECEASED (First) (Middle) (Last)				4. DATE OF DEATH (Month) (Day) (Year)			
<u>Victor O'Day</u>				<u>January - 19 - 1956</u>			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR		IF UNDER 24 HRS.
<u>male</u>	<u>white</u>	<u>Married</u>	<u>June 29, 1900</u>	<u>55</u> yrs.	Months	Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>own farm</u>		11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>William O'Day</u>				14. MOTHER'S MAIDEN NAME <u>Victoria Wright</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) <u>no</u>		16. SOCIAL SECURITY NO. <u>222-99-9992</u>		17. INFORMANT & ADDRESS <u>Gertrude O'Day, RD Bethel, Delaware</u>			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				18. MEDICAL CERTIFICATION			
420.1 IMMEDIATE CAUSE (A) <u>Coronary Artery Thrombosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u>			
ANTECEDENT CAUSE(S) DUE TO							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO							
(C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at....., M. from the causes and on the date stated above.							
SIGNATURE <u>David J. Selman</u> M.D.				ADDRESS (Street, city, town, state) <u>Salisbury Md</u>		DATE SIGNED <u>Jan. 19, 1956</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>1/23/56</u>		NAME OF CEMETERY OR CREMATORY <u>St. Paul's Cemetery</u>		LOCATION (City, town, or county) (State) <u>Williamsburg, Maryland</u>	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE <u>Mary H. Holloway</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. Harvey Williamson</u>		ADDRESS <u>Salisbury Md.</u>	
DATE <u>Jan. 24, 1956</u>							

INSTRUCTIONS

1 **TO ATTENDING PHYSICIAN OR HOSPITAL:** The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

CERTIFICATE OF DEATH

Form 10-54-1

1. NAME OF DECEASED (PRINT OR TYPE)

2. SEX (M or F)

3. AGE (Years, Months, Days)

4. DATE OF DEATH

5. PLACE OF DEATH

6. CAUSE OF DEATH (List all causes, beginning with the immediate cause)

7. MANNER OF DEATH (Natural, Accidental, Suicide, Homicide, Undetermined)

8. SIGNATURE OF PHYSICIAN

9. SIGNATURE OF REGISTRAR

10. SIGNATURE OF WITNESSES

11. SIGNATURE OF CORONER

12. SIGNATURE OF JURY

13. SIGNATURE OF JUDGE

14. SIGNATURE OF CLERK

15. SIGNATURE OF SHERIFF

16. SIGNATURE OF DEPUTY SHERIFF

17. SIGNATURE OF CONSTABLE

18. SIGNATURE OF JURY

19. SIGNATURE OF JUDGE

20. SIGNATURE OF CLERK

21. SIGNATURE OF SHERIFF

22. SIGNATURE OF DEPUTY SHERIFF

23. SIGNATURE OF CONSTABLE

24. SIGNATURE OF JURY

25. SIGNATURE OF JUDGE

26. SIGNATURE OF CLERK

27. SIGNATURE OF SHERIFF

28. SIGNATURE OF DEPUTY SHERIFF

29. SIGNATURE OF CONSTABLE

30. SIGNATURE OF JURY

31. SIGNATURE OF JUDGE

32. SIGNATURE OF CLERK

33. SIGNATURE OF SHERIFF

34. SIGNATURE OF DEPUTY SHERIFF

35. SIGNATURE OF CONSTABLE

36. SIGNATURE OF JURY

37. SIGNATURE OF JUDGE

38. SIGNATURE OF CLERK

39. SIGNATURE OF SHERIFF

40. SIGNATURE OF DEPUTY SHERIFF

41. SIGNATURE OF CONSTABLE

42. SIGNATURE OF JURY

43. SIGNATURE OF JUDGE

44. SIGNATURE OF CLERK

45. SIGNATURE OF SHERIFF

46. SIGNATURE OF DEPUTY SHERIFF

47. SIGNATURE OF CONSTABLE

48. SIGNATURE OF JURY

49. SIGNATURE OF JUDGE

50. SIGNATURE OF CLERK

BUREAU V. S.

JAN 26 1956

RECEIVED

INVESTIGATION

1185

CERTIFICATE OF DEATH

Reg. Dist. No. 337

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>Wicomico</u>		MARYLAND		STATE <u>Maryland</u>		COUNTY <u>Wicomico</u>	
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
TOWN <u>Salisbury</u>		<u>1 year</u>		TOWN <u>Salisbury</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Deer's Head State Hospital</u>				STREET ADDRESS (If rural give location) <u>W. Isabella Street</u>			
3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) <u>William John Parker</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 30 19 56</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>9/13/1886</u>		9. AGE last birthday <u>69</u> yrs.	10. IF UNDER 1 YEAR (Months) (Days) (Hours) (Min.)	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Night watchman</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Watchman</u>		11. BIRTHPLACE (State or foreign country) <u>Delaware</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13. FATHER'S NAME <u>John William Parker</u>				14. MOTHER'S MAIDEN NAME <u>Margaret E. Sturgis</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give year or dates of service) <u>W.W.# 1</u>				16. SOCIAL SECURITY NO. <u>213-14-1665</u>		17. INFORMANT & ADDRESS <u>Mrs. Lee T. Truitt-(Sister) R.D.# 5 Hospital Records Maple Way-Salisbury</u>	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				18. MEDICAL CERTIFICATION			
422.1 IMMEDIATE CAUSE (A) <u>Acute myocardial insufficiency</u>				24 hrs			
ANTECEDENT CAUSE(S) DUE TO (B) <u>Arteriosclerotic cardiovascular disease</u>				?			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO (C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. <u>Bronchopneumonia</u>				3 days			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> of work <input type="checkbox"/> of work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Jan. 6</u> , 19 <u>55</u> , to <u>Jan. 30</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>Jan. 30</u> , 19 <u>56</u> , and that death occurred at <u>8:15 PM</u> , from the causes and on the date stated above.							
SIGNATURE <u>V. Juerman</u>				ADDRESS (Street, city, town, state) <u>V. Juerman, M.D. M.D. Deer's Head Hospital, Salisbury, Md.</u>		DATE SIGNED <u>1/31/56</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>Feb. 2, 1956</u>		NAME OF CEMETERY OR CREMATORY <u>Deer's Cemetery</u>		LOCATION (City, town, or county) (State) <u>Salisbury Md.</u>	
24. REG. BY REGISTRAR <u>Mary H. Holloway</u>		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE <u>Holloway & Co</u>		ADDRESS <u>Salisbury Md.</u>	
DATE <u>Feb. 1, 1956</u>							

INSTRUCTIONS

TO ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

CERTIFICATE OF DEATH

Reg. No. 100

1. GENERAL INFORMATION: NAME OF DECEASED

DECEASED

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

MANNER OF DEATH

DATE OF BIRTH

PLACE OF BIRTH

EDUCATION

OCCUPATION

RELIGION

SEX

RACE

HEIGHT

WEIGHT

HAIR

EYES

SKIN

TEETH

NOSE

EARS

NECK

THORAX

ABDOMEN

PELVIS

EXTREMITIES

INTERNAL ORGANS

EXTERNAL ORGANS

PATHOLOGICAL FINDINGS

LABORATORY TESTS

TOXICOLOGICAL ANALYSIS

ANTHROPOLOGICAL DATA

PHOTOGRAPH

FOOTPRINTS

HAIR SAMPLES

SKIN SAMPLES

TEETH SAMPLES

NOSE SAMPLES

EARS SAMPLES

NECK SAMPLES

THORAX SAMPLES

ABDOMEN SAMPLES

PELVIS SAMPLES

EXTREMITIES SAMPLES

INTERNAL ORGANS SAMPLES

EXTERNAL ORGANS SAMPLES

PATHOLOGICAL FINDINGS SAMPLES

LABORATORY TESTS SAMPLES

BUREAU V. S.

FEB 1 1956

RECEIVED

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN & HOSPITAL: The law requires that the death certificate be completed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01169

1186

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>Wicomico</u>		MARYLAND		STATE <u>Maryland</u> COUNTY <u>Wicomico</u>			
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
TOWN <u>Salisbury</u>				TOWN <u>Salisbury</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Peninsula General Hospital</u>				STREET ADDRESS (If rural give location) <u>Box 107</u>			
3. NAME OF DECEASED (First) (Middle) (Last)				4. DATE OF DEATH (Month) (Day) (Year)			
<u>Phippen</u>				<u>January 2 1956</u>			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday yrs.	IF UNDER 1 YEAR		IF UNDER 24 HRS.
<u>Male</u>	<u>White</u>		<u>January 2 1956</u>		Months	Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
				<u>Maryland</u>			
13. FATHER'S NAME <u>Roland Kenneth Phippen</u>				14. MOTHER'S MAIDEN NAME <u>Shirley Fay Hughes</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						18. MEDICAL CERTIFICATION	
IMMEDIATE CAUSE (A) <u>7625 Pulmonary tuberculosis</u>						INTERVAL BETWEEN ONSET AND DEATH <u>14 hrs (eleven)</u>	
ANTECEDENT CAUSE(S) DUE TO (B) <u>Renal insufficiency</u>							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION <u>2</u>		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. <u>11/27</u>		21a. INJURY OCCURRED While <input type="checkbox"/> at work Not while <input type="checkbox"/> at work		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>1/27</u> , 19 <u>56</u> , to <u>1/27</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>1/27</u> , 19 <u>56</u> , and that death occurred at <u>2:30</u> P.M. from the causes and on the date stated above.							
SIGNATURE <u>[Signature]</u> M.D.				ADDRESS (Street, city, town, state) <u>Delmar Md. 1-4-55</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF <u>1-5-56</u>		NAME OF CEMETERY OR CREMATORY <u>Peninsula General Hospital Salisbury, Wicomico Md.</u>		LOCATION (City, town, or county) (State)	
24. REC'D BY REGISTRAR <u>1-5-56</u>		REGISTRAR'S SIGNATURE <u>Mary W. Holloway</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Peninsula General Hospital</u>		ADDRESS	

2082191240

BUREAU V. S.

RECEIVED

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1187

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01170

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>Wicomico</u>		MARYLAND		STATE <u>Virginia</u>		COUNTY <u>Accomack</u>	
CITY (If outside corporate limits, write RURAL OR and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN			
12 <u>Salisbury</u>				<u>Onancock</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural give location)			
<u>Peninsula General Hospital</u>				<u>83 X - 3</u>			
3. NAME OF DECEASED: (First) (Middle) (Last)				4. DATE (Month) (Day) (Year)			
<u>John</u> <u>Polliard</u>				OF DEATH: <u>January 3 - 1956</u>			
5. SEX:		6. COLOR OR RACE:		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):		8. DATE OF BIRTH:	
<u>male</u>		<u>white</u>				<u>Aug 24, 1891</u>	
9. AGE last birthday		IF UNDER 1 YEAR		IF UNDER 24 HRS.			
<u>64</u> yrs.		Months Days Hours Min.					
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):				10B. KIND OF BUSINESS OR INDUSTRY:		11. BIRTHPLACE (State or foreign country):	
<u>Plumber</u>				<u>owner</u>		<u>Pennsylvania</u>	
12. CITIZEN OF WHAT COUNTRY?							
<u>U.S.</u>							
13. FATHER'S NAME:				14. MOTHER'S MAIDEN NAME:			
<u>Albert W. Polliard</u>				<u>Elsie Patterson</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)				16. SOCIAL SECURITY NO.			
17. INFORMANT & ADDRESS:							
<u>Mrs. J. L. Polliard, Onancock, Va.</u>							
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
181X IMMEDIATE CAUSE (A) <u>Bronch. pneumonia</u>							
ANTECEDENT CAUSE (S) DUE TO <u>Carcinoma of Bladder</u>						4 days	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO							
(C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19A. DATE OF OPERATION:				19B. MAJOR FINDINGS OF OPERATION			
<u>1-1-56</u>				<u>Bladder overgrown - carcinoma</u>			
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>							
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, of INJURY street, office bldg., etc.)		21C. WHERE DID (City or town) (County) (State)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>12-30</u> , 19 <u>55</u> , to <u>1-3</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>1-3</u> , 19 <u>56</u> , and that death occurred at <u>9 A.</u> M, from the causes and on the date stated above.							
SIGNATURE <u>William H. Fisher</u>				ADDRESS <u>Salisbury, Md.</u>		DATE SIGNED <u>1-3-56</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
<u>Burial</u>		<u>1-5-56</u>		<u>Edinboro</u>		<u>Onancock, Va.</u>	
DATE REC'D BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR:		ADDRESS	
<u>1-4-56</u>		<u>Mary W. Holloway</u>		<u>Charles Williams</u>			

BUREAU V. S.

JAN 9 1956

RECEIVED

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1188

CERTIFICATE OF DEATH

02311

Reg. Dist. No.

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>Wicomico</u>		STATE <u>Md</u>		COUNTY <u>Salisbury</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Upper Hill</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Salisbury</u>		LENGTH OF STAY (In this place) <u>2 days</u>		TOWN <u>Upper Hill</u>		STREET ADDRESS (If rural give location) <u>Ind.</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Peninsula General Hospital</u>				STREET ADDRESS <u>Ind.</u>			
3. NAME OF DECEASED (Type or Print) <u>Jessie</u> (First) <u>Pruitt</u> (Middle) (Last)				4. DATE OF DEATH (Month) <u>JAN</u> (Day) <u>29</u> (Year) <u>1956</u>			
5. SEX <u>male</u>	6. COLOR OR RACE <u>colored</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>none</u>	8. DATE OF BIRTH <u>1-3-1896</u>	9. AGE last birthday <u>59</u> yrs.	IF UNDER 1 YEAR Months <u> </u> Days <u> </u>		IF UNDER 24 HRS. Hours <u> </u> Min. <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>minister</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>		11. BIRTHPLACE (State or foreign country) <u>Cumden N.J.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Howard Pruitt</u>				14. MOTHER'S MAIDEN NAME <u>Anna E. Hayes</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) <u> </u> (If Yes, give war or dates of service) <u> </u>		16. SOCIAL SECURITY NO. <u>153-61-6582</u>		17. INFORMANT & ADDRESS <u>Willie M. Pruitt</u>			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				18. MEDICAL CERTIFICATION			
IMMEDIATE CAUSE (A) <u>420.1 Myocardial Infarct, acute</u>				INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>			
ANTECEDENT CAUSE(S) DUE TO <u> </u>							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO <u> </u>							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. <u> </u>							
19a. DATE OF OPERATION <u> </u>		19b. MAJOR FINDINGS OF OPERATION <u> </u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) <u> </u>		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. <u> </u> <u> </u> <u> </u> <u> </u>		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u> </u>			
22. I hereby certify that I attended the deceased from <u>1-27</u> , 19 <u>56</u> , to <u>1-29</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>1-29</u> , 19 <u>56</u> , and that death occurred at <u>10:00</u> M., from the causes and on the date stated above.							
SIGNATURE <u>Willie M. Pruitt</u>				ADDRESS (Street, city, town, state) <u>Salisbury, Md.</u>		DATE SIGNED <u>1-29-56</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>2-4-56</u>		NAME OF CEMETERY OR CREMATORY <u>Mt. Peace Cem</u>		LOCATION (City, town, or county) (State) <u>Cumden N.J.</u>	
24. REC'D BY REGISTRAR <u> </u>		REGISTRAR'S SIGNATURE <u>Mary W. Holloman</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Barker H. H. H.</u>		ADDRESS <u>Salisbury Md.</u>	
DATE <u>2-8-56</u>							

CERTIFICATE OF DEATH

1956

Reg. No. 128

1. NAME OF DECEASED

Mr. & Mrs. J. Edgar Hoover

2. SEX

3. AGE

4. DATE OF BIRTH

5. PLACE OF BIRTH

6. OCCUPATION

7. CAUSE OF DEATH

8. MANNER OF DEATH

9. PLACE OF DEATH

10. DATE OF DEATH

11. TIME OF DEATH

12. SIGNATURE OF DECEASED

13. SIGNATURE OF WITNESSES

14. SIGNATURE OF PHYSICIAN

15. SIGNATURE OF REGISTRAR

16. SIGNATURE OF CLERK

17. SIGNATURE OF JURY

18. SIGNATURE OF COURT

19. SIGNATURE OF STATE

20. SIGNATURE OF NATION

21. SIGNATURE OF WORLD

22. SIGNATURE OF UNIVERSE

23. SIGNATURE OF GOD

24. SIGNATURE OF HEAVEN

25. SIGNATURE OF EARTH

26. SIGNATURE OF WATER

27. SIGNATURE OF FIRE

28. SIGNATURE OF AIR

29. SIGNATURE OF LIGHT

30. SIGNATURE OF DARKNESS

31. SIGNATURE OF LIFE

32. SIGNATURE OF DEATH

33. SIGNATURE OF LOVE

34. SIGNATURE OF HATE

35. SIGNATURE OF HOPE

36. SIGNATURE OF DESPAIR

37. SIGNATURE OF FAITH

38. SIGNATURE OF DOUBT

39. SIGNATURE OF TRUTH

40. SIGNATURE OF LIES

41. SIGNATURE OF GOOD

42. SIGNATURE OF EVIL

43. SIGNATURE OF BEAUTY

44. SIGNATURE OF UGLY

45. SIGNATURE OF KINDNESS

46. SIGNATURE OF CRUELTY

47. SIGNATURE OF GENTLENESS

48. SIGNATURE OF RAGE

49. SIGNATURE OF MILDNESS

50. SIGNATURE OF PATIENCE

51. SIGNATURE OF IMPATIENCE

52. SIGNATURE OF HUMILITY

53. SIGNATURE OF PRIDE

54. SIGNATURE OF MODESTY

55. SIGNATURE OF SHAME

56. SIGNATURE OF HONOR

57. SIGNATURE OF DISHONOR

58. SIGNATURE OF GLORY

59. SIGNATURE OF INFAMY

60. SIGNATURE OF REPUTATION

61. SIGNATURE OF DISREPUTATION

62. SIGNATURE OF RESPECT

63. SIGNATURE OF DISRESPECT

64. SIGNATURE OF ADMIRATION

65. SIGNATURE OF CONTEMPT

66. SIGNATURE OF PRAISE

67. SIGNATURE OF BLAME

68. SIGNATURE OF APPROVAL

69. SIGNATURE OF DISAPPROVAL

70. SIGNATURE OF ACQUAINTANCE

71. SIGNATURE OF STRANGER

72. SIGNATURE OF FRIEND

73. SIGNATURE OF ENEMY

74. SIGNATURE OF ALLY

75. SIGNATURE OF OPPONENT

76. SIGNATURE OF ADVERSARY

77. SIGNATURE OF ASSISTANT

78. SIGNATURE OF OBSTACLE

79. SIGNATURE OF AID

80. SIGNATURE OF HINDERANCE

81. SIGNATURE OF PROMOTION

82. SIGNATURE OF DEGRADATION

83. SIGNATURE OF ELEVATION

84. SIGNATURE OF DEPRESSION

85. SIGNATURE OF EXALTATION

86. SIGNATURE OF HUMILIATION

87. SIGNATURE OF TRIUMPH

88. SIGNATURE OF DEFEAT

89. SIGNATURE OF VICTORY

90. SIGNATURE OF DEFECTION

91. SIGNATURE OF ADHESION

92. SIGNATURE OF SECESSION

93. SIGNATURE OF UNION

94. SIGNATURE OF DISUNION

95. SIGNATURE OF COHESION

96. SIGNATURE OF DISCOHESION

97. SIGNATURE OF CONSISTENCY

98. SIGNATURE OF INCONSISTENCY

99. SIGNATURE OF HARMONY

100. SIGNATURE OF DISHARMONY

101. SIGNATURE OF ORDER

102. SIGNATURE OF DISORDER

103. SIGNATURE OF NEATNESS

104. SIGNATURE OF MESS

105. SIGNATURE OF CLEANLINESS

106. SIGNATURE OF DIRTY

107. SIGNATURE OF PURITY

108. SIGNATURE OF IMPURITY

109. SIGNATURE OF VIRTUE

110. SIGNATURE OF VICE

111. SIGNATURE OF GOODNESS

112. SIGNATURE OF EVILNESS

113. SIGNATURE OF KINDNESS

114. SIGNATURE OF CRUELTY

115. SIGNATURE OF GENTLENESS

116. SIGNATURE OF RAGE

117. SIGNATURE OF MILDNESS

118. SIGNATURE OF PATIENCE

119. SIGNATURE OF IMPATIENCE

120. SIGNATURE OF HUMILITY

121. SIGNATURE OF PRIDE

122. SIGNATURE OF MODESTY

123. SIGNATURE OF SHAME

124. SIGNATURE OF HONOR

125. SIGNATURE OF DISHONOR

126. SIGNATURE OF GLORY

127. SIGNATURE OF INFAMY

128. SIGNATURE OF REPUTATION

129. SIGNATURE OF DISREPUTATION

130. SIGNATURE OF RESPECT

131. SIGNATURE OF DISRESPECT

132. SIGNATURE OF ADMIRATION

133. SIGNATURE OF CONTEMPT

134. SIGNATURE OF PRAISE

135. SIGNATURE OF BLAME

136. SIGNATURE OF APPROVAL

137. SIGNATURE OF DISAPPROVAL

138. SIGNATURE OF ACQUAINTANCE

139. SIGNATURE OF STRANGER

140. SIGNATURE OF FRIEND

141. SIGNATURE OF ENEMY

142. SIGNATURE OF ALLY

143. SIGNATURE OF OPPONENT

144. SIGNATURE OF ADVERSARY

145. SIGNATURE OF ASSISTANT

146. SIGNATURE OF OBSTACLE

147. SIGNATURE OF AID

148. SIGNATURE OF HINDERANCE

149. SIGNATURE OF PROMOTION

150. SIGNATURE OF DEGRADATION

151. SIGNATURE OF ELEVATION

152. SIGNATURE OF DEPRESSION

153. SIGNATURE OF EXALTATION

154. SIGNATURE OF HUMILIATION

155. SIGNATURE OF TRIUMPH

156. SIGNATURE OF DEFEAT

157. SIGNATURE OF VICTORY

158. SIGNATURE OF DEFECTION

159. SIGNATURE OF ADHESION

160. SIGNATURE OF SECESSION

161. SIGNATURE OF UNION

162. SIGNATURE OF DISUNION

163. SIGNATURE OF COHESION

164. SIGNATURE OF DISCOHESION

165. SIGNATURE OF CONSISTENCY

166. SIGNATURE OF INCONSISTENCY

167. SIGNATURE OF HARMONY

168. SIGNATURE OF DISHARMONY

169. SIGNATURE OF ORDER

170. SIGNATURE OF DISORDER

171. SIGNATURE OF NEATNESS

172. SIGNATURE OF MESS

173. SIGNATURE OF CLEANLINESS

174. SIGNATURE OF DIRTY

175. SIGNATURE OF PURITY

176. SIGNATURE OF IMPURITY

177. SIGNATURE OF VIRTUE

178. SIGNATURE OF VICE

179. SIGNATURE OF GOODNESS

180. SIGNATURE OF EVILNESS

181. SIGNATURE OF KINDNESS

182. SIGNATURE OF CRUELTY

183. SIGNATURE OF GENTLENESS

184. SIGNATURE OF RAGE

185. SIGNATURE OF MILDNESS

186. SIGNATURE OF PATIENCE

187. SIGNATURE OF IMPATIENCE

188. SIGNATURE OF HUMILITY

189. SIGNATURE OF PRIDE

190. SIGNATURE OF MODESTY

191. SIGNATURE OF SHAME

192. SIGNATURE OF HONOR

193. SIGNATURE OF DISHONOR

194. SIGNATURE OF GLORY

195. SIGNATURE OF INFAMY

196. SIGNATURE OF REPUTATION

197. SIGNATURE OF DISREPUTATION

198. SIGNATURE OF RESPECT

199. SIGNATURE OF DISRESPECT

200. SIGNATURE OF ADMIRATION

201. SIGNATURE OF CONTEMPT

202. SIGNATURE OF PRAISE

203. SIGNATURE OF BLAME

204. SIGNATURE OF APPROVAL

205. SIGNATURE OF DISAPPROVAL

206. SIGNATURE OF ACQUAINTANCE

207. SIGNATURE OF STRANGER

208. SIGNATURE OF FRIEND

209. SIGNATURE OF ENEMY

210. SIGNATURE OF ALLY

211. SIGNATURE OF OPPONENT

212. SIGNATURE OF ADVERSARY

213. SIGNATURE OF ASSISTANT

214. SIGNATURE OF OBSTACLE

215. SIGNATURE OF AID

216. SIGNATURE OF HINDERANCE

217. SIGNATURE OF PROMOTION

218. SIGNATURE OF DEGRADATION

219. SIGNATURE OF ELEVATION

220. SIGNATURE OF DEPRESSION

221. SIGNATURE OF EXALTATION

222. SIGNATURE OF HUMILIATION

223. SIGNATURE OF TRIUMPH

224. SIGNATURE OF DEFEAT

225. SIGNATURE OF VICTORY

226. SIGNATURE OF DEFECTION

227. SIGNATURE OF ADHESION

228. SIGNATURE OF SECESSION

229. SIGNATURE OF UNION

230. SIGNATURE OF DISUNION

231. SIGNATURE OF COHESION

232. SIGNATURE OF DISCOHESION

233. SIGNATURE OF CONSISTENCY

234. SIGNATURE OF INCONSISTENCY

235. SIGNATURE OF HARMONY

236. SIGNATURE OF DISHARMONY

237. SIGNATURE OF ORDER

238. SIGNATURE OF DISORDER

239. SIGNATURE OF NEATNESS

240. SIGNATURE OF MESS

241. SIGNATURE OF CLEANLINESS

242. SIGNATURE OF DIRTY

243. SIGNATURE OF PURITY

244. SIGNATURE OF IMPURITY

245. SIGNATURE OF VIRTUE

246. SIGNATURE OF VICE

247. SIGNATURE OF GOODNESS

248. SIGNATURE OF EVILNESS

249. SIGNATURE OF KINDNESS

250. SIGNATURE OF CRUELTY

251. SIGNATURE OF GENTLENESS

252. SIGNATURE OF RAGE

253. SIGNATURE OF MILDNESS

254. SIGNATURE OF PATIENCE

255. SIGNATURE OF IMPATIENCE

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN AND HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

01171

1189

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>Wicomico</u>		MARYLAND		STATE <u>MARYLAND</u> COUNTY <u>Worcester</u>			
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (In this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
TOWN <u>SALISBURY</u>				TOWN <u>Pocomoke</u>		<u>23-42-2</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>PENINSULA General Hospital</u>				STREET ADDRESS (If rural give location) <u>304 MARKET</u>			
3. NAME OF DECEASED (Type or Print) <u>MATILDA D. RANDALL</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>JANUARY 13 19 56</u>			
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>white</u>		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>Dec. 16, 1867</u>	
9. AGE last birthday <u>88</u> yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>-</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		11. BIRTHPLACE (State or foreign country) <u>Penna.</u>	
13. FATHER'S NAME <u>Theodore Derr</u>				14. MOTHER'S MAIDEN NAME <u>Annie M. Crouse</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) <u>-</u> (If Yes, give war or dates of service)				16. SOCIAL SECURITY NO. <u>-</u>		17. INFORMANT & ADDRESS <u>Pocomoke City, Md. Rev. Louis C. Randall-304 Market St.</u>	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						18. MEDICAL CERTIFICATION	
332X IMMEDIATE CAUSE (A) <u>Cerebral Thrombosis</u>						INTERVAL BETWEEN ONSET AND DEATH <u>week</u>	
ANTECEDENT CAUSE(S) DUE TO							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO							
(C)							
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. <input type="checkbox"/> While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21e. INJURY OCCURRED		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>1-8</u>, 19<u>56</u>, to <u>1-13</u>, 19<u>56</u>, that I last saw the deceased alive on <u>1-13</u>, 19<u>56</u>, and that death occurred at <u>11:25</u> AM, from the causes and on the date stated above. SIGNATURE <u>William R. Elder, Jr.</u> M.D. ADDRESS (Street, city, town, state) <u>Salisbury, Md. 1-13-56</u> DATE SIGNED <u>1-13-56</u>							
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>1/16/56</u>		NAME OF CEMETERY OR CREMATORY <u>Westminster Cem.</u>		LOCATION (City, town, or county) (State) <u>Westminster, Md.</u>	
24. REC'D BY REGISTRAR <u>January 14 1956</u>		REGISTRAR'S SIGNATURE <u>R. J. Holloway</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. J. Vickers & Sons - Balt.</u>		ADDRESS <u>Md.</u>	

1

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

01172

1190

CERTIFICATE OF DEATH

Reg. Dist. No. 332

INSTRUCTIONS

TO ATTENDING PHYSICIAN The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS 1-55 10M

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>Wicomico</u>		STATE <u>Maryland</u>		COUNTY <u>Dorchester</u>			
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Salisbury, Maryland</u>		LENGTH OF STAY (in this place) <u>10 days</u>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Rhodesdale, Md.</u>		<u>09X-2</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Deer's Head State Hospital</u>				STREET ADDRESS (If rural give location) <u></u>			
3. NAME OF DECEASED (First) (Middle) (Last) <u>Elmer Dawson Spear</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>1 - 15 - 19 56</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>Aug. 28, 1887</u>	9. AGE last birthday <u>68</u> yrs.	IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Chief Engineer on Ferry Boat</u>			10b. KIND OF BUSINESS OR INDUSTRY <u></u>		11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13. FATHER'S NAME <u>W. J. Spear</u>				14. MOTHER'S MAIDEN NAME <u>Sara Alice Harper</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) <u>unk</u>		16. SOCIAL SECURITY NO. <u>unk</u>		17. INFORMANT & ADDRESS <u>Hospital Records</u>			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						18. MEDICAL CERTIFICATION	
153X IMMEDIATE CAUSE (A) <u>Generalized Carcinomatosis</u>						INTERVAL BETWEEN ONSET AND DEATH <u>?</u>	
ANTECEDENT CAUSE(S) DUE TO (B) <u>Ca. of colon</u>						<u>9 yrs.</u>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO (C) <u></u>							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. <input type="checkbox"/> While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>Jan. 5, 19 56</u> , to <u>Jan. 15, 19 56</u> , that I last saw the deceased alive on <u>Jan. 15, 19 56</u> , and that death occurred at <u>6:15 A.M.</u> from the causes and on the date stated above.							
SIGNATURE <u>V. Malden</u>				ADDRESS (Street, city, town, state) <u>Salisbury, Maryland</u> DATE SIGNED <u>1/15/56</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>1/17/56</u>		NAME OF CEMETERY OR CREMATORY <u>East New Market</u>		LOCATION (City, town or county) (State) <u>East New Market, Md.</u>	
24. REC'D BY REGISTRAR <u>Jan. 19, 1956</u>		REGISTRAR'S SIGNATURE <u>Mary H. Holloway</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Keith S. Willoughby</u>		ADDRESS <u></u>	

CERTIFICATE OF DEATH

1. NAME OF DECEASED		2. SEX		3. AGE	
4. DATE OF DEATH		5. TIME OF DEATH		6. PLACE OF DEATH	
7. CAUSE OF DEATH		8. MANNER OF DEATH		9. SIGNATURE OF PHYSICIAN	
10. SIGNATURE OF REGISTRAR		11. SIGNATURE OF WITNESSES		12. SIGNATURE OF CORONER	
13. SIGNATURE OF JURY		14. SIGNATURE OF JUDGE		15. SIGNATURE OF CLERK	
16. SIGNATURE OF SHERIFF		17. SIGNATURE OF DEPUTY SHERIFF		18. SIGNATURE OF CONSTABLE	
19. SIGNATURE OF JAILER		20. SIGNATURE OF WARDEN		21. SIGNATURE OF CHIEF CLERK	
22. SIGNATURE OF CHIEF OF POLICE		23. SIGNATURE OF DEPUTY CHIEF OF POLICE		24. SIGNATURE OF SQUAD LEADER	
25. SIGNATURE OF OFFICER		26. SIGNATURE OF DETECTIVE		27. SIGNATURE OF PATROLMAN	
28. SIGNATURE OF TRAFFIC OFFICER		29. SIGNATURE OF INVESTIGATOR		30. SIGNATURE OF RECORDS CLERK	
31. SIGNATURE OF IDENTIFICATION CLERK		32. SIGNATURE OF PHOTOGRAPH CLERK		33. SIGNATURE OF FINGERPRINT CLERK	
34. SIGNATURE OF LABORATORY CLERK		35. SIGNATURE OF X-RAY CLERK		36. SIGNATURE OF RADIOLOGIST	
37. SIGNATURE OF PATHOLOGIST		38. SIGNATURE OF ANATOMIST		39. SIGNATURE OF HISTOLOGIST	
40. SIGNATURE OF MICROSCOPIC CLERK		41. SIGNATURE OF BACTERIOLOGIST		42. SIGNATURE OF VIROLOGIST	
43. SIGNATURE OF PARASITOLOGIST		44. SIGNATURE OF IMMUNOLOGIST		45. SIGNATURE OF EPIDEMIOLOGIST	
46. SIGNATURE OF PUBLIC HEALTH CLERK		47. SIGNATURE OF HEALTH INSPECTOR		48. SIGNATURE OF SANITARIAN	
49. SIGNATURE OF NURSE		50. SIGNATURE OF DENTIST		51. SIGNATURE OF OPTICIAN	
52. SIGNATURE OF PHARMACEUTIC CLERK		53. SIGNATURE OF DRUGGIST		54. SIGNATURE OF CHEMIST	
55. SIGNATURE OF PHYSICIAN ASSISTANT		56. SIGNATURE OF NURSE ASSISTANT		57. SIGNATURE OF LABORATORY ASSISTANT	
58. SIGNATURE OF X-RAY ASSISTANT		59. SIGNATURE OF RADIOLOGIST ASSISTANT		60. SIGNATURE OF PATHOLOGIST ASSISTANT	
61. SIGNATURE OF ANATOMIST ASSISTANT		62. SIGNATURE OF HISTOLOGIST ASSISTANT		63. SIGNATURE OF MICROSCOPIC ASSISTANT	
64. SIGNATURE OF BACTERIOLOGIST ASSISTANT		65. SIGNATURE OF VIROLOGIST ASSISTANT		66. SIGNATURE OF EPIDEMIOLOGIST ASSISTANT	
67. SIGNATURE OF PUBLIC HEALTH ASSISTANT		68. SIGNATURE OF HEALTH INSPECTOR ASSISTANT		69. SIGNATURE OF SANITARIAN ASSISTANT	
70. SIGNATURE OF NURSE ASSISTANT		71. SIGNATURE OF DENTIST ASSISTANT		72. SIGNATURE OF OPTICIAN ASSISTANT	
73. SIGNATURE OF PHARMACEUTIC ASSISTANT		74. SIGNATURE OF DRUGGIST ASSISTANT		75. SIGNATURE OF CHEMIST ASSISTANT	
76. SIGNATURE OF PHYSICIAN ASSISTANT		77. SIGNATURE OF NURSE ASSISTANT		78. SIGNATURE OF LABORATORY ASSISTANT	
79. SIGNATURE OF X-RAY ASSISTANT		80. SIGNATURE OF RADIOLOGIST ASSISTANT		81. SIGNATURE OF PATHOLOGIST ASSISTANT	
82. SIGNATURE OF ANATOMIST ASSISTANT		83. SIGNATURE OF HISTOLOGIST ASSISTANT		84. SIGNATURE OF MICROSCOPIC ASSISTANT	
85. SIGNATURE OF BACTERIOLOGIST ASSISTANT		86. SIGNATURE OF VIROLOGIST ASSISTANT		87. SIGNATURE OF EPIDEMIOLOGIST ASSISTANT	
88. SIGNATURE OF PUBLIC HEALTH ASSISTANT		89. SIGNATURE OF HEALTH INSPECTOR ASSISTANT		90. SIGNATURE OF SANITARIAN ASSISTANT	
91. SIGNATURE OF NURSE ASSISTANT		92. SIGNATURE OF DENTIST ASSISTANT		93. SIGNATURE OF OPTICIAN ASSISTANT	
94. SIGNATURE OF PHARMACEUTIC ASSISTANT		95. SIGNATURE OF DRUGGIST ASSISTANT		96. SIGNATURE OF CHEMIST ASSISTANT	
97. SIGNATURE OF PHYSICIAN ASSISTANT		98. SIGNATURE OF NURSE ASSISTANT		99. SIGNATURE OF LABORATORY ASSISTANT	
100. SIGNATURE OF X-RAY ASSISTANT		101. SIGNATURE OF RADIOLOGIST ASSISTANT		102. SIGNATURE OF PATHOLOGIST ASSISTANT	

BUREAU V. B.

JAN 23 1956

RECEIVED

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

1191 MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Item 18 Film G191 1-19-56 amc

01173

CERTIFICATE OF DEATH

Dr. Mitchell-Burton

Reg. Dist. No.....

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY Wicomico		MARYLAND		STATE Maryland		COUNTY Wicomico	
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
TOWN Salisbury				TOWN Salisbury			
HOSPITAL OR INSTITUTION OR STREET ADDRESS Pen. Gen. Hospital				STREET ADDRESS (If rural give location) R.D. # 1 (Shad Point)			
3. NAME OF DECEASED (First) EVA (Middle) MAE (Last) SPENCER				4. DATE OF DEATH (Month) JAN. (Day) 7 th (Year) 19 56			
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH Sept. 10, 1881		9. AGE last birthday 74 yrs.	IF UNDER 1 YEAR (Months) (Days) (Hours) (Min.)	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Work		10b. KIND OF BUSINESS OR INDUSTRY At Own Home		11. BIRTHPLACE (State or foreign country) Shad Point, Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Henry T. Todd				14. MOTHER'S MAIDEN NAME Mary Ann Fletcher			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS Mr. James H. Spencer (Son) R.D. # 2 Salisbury, Maryland			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						15. MEDICAL CERTIFICATION	
33/X IMMEDIATE CAUSE (A) CVA, -- Cerebro Vascular Accident						INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSE(S) DUE TO (B) Hy pertension							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21a. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 1-10, 1953, to 1-7, 1956, that I last saw the deceased alive on 1-7, 1956, and that death occurred at 6:30 P.M. from the causes and on the date stated above.							
SIGNATURE <i>A. C. Mitchell M.D.</i>				DATE SIGNED Jan. 9 / 56			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial				NAME OF CEMETERY OR CREMATORY Shad Point Cemetery		LOCATION (City, town, or county) (State) Shad Point (R.D. # Salisbury) Md	
24. REC'D BY REGISTRAR AN 11 1956		REGISTRAR'S SIGNATURE <i>Mary J. Holloway</i>		25. FUNERAL DIRECTOR'S SIGNATURE HOLLOWAY & COMPANY		ADDRESS SALISBURY MARYLAND	

CERTIFICATE OF DEATH

Reg. Dist. No.

City, County, and State

A. Name of deceased

B. Sex and Age

C. Date of death

D. Cause of death

E. Place of death

F. Name of physician

G. Name of funeral director

H. Name of registrar

I. Date of registration

J. Signature of registrar

K. Signature of funeral director

L. Signature of physician

M. Name of hospital

N. Name of clinic

O. Name of home

P. Name of family

Q. Name of friend

R. Name of neighbor

S. Name of community

T. Name of religious organization

U. Name of medical institution

CIA, Hy. Bureau

BUREAU V. S.

JAN 11 1952

RECEIVED

C. C. Bickelkopf

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

01174

1192

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>Wicomico</u>		MARYLAND		STATE <u>Maryland</u>		COUNTY <u>Somerset</u>	
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (In this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
TOWN <u>Salisbury</u>				TOWN <u>Princess Anne</u>		<u>19X-2</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Peninsula General Hospital</u>				STREET ADDRESS (If rural give location)			
3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last)				4. DATE OF DEATH (Month) (Day) (Year)			
<u>Paul</u> <u>Steeling</u>				<u>January 5</u> <u>1956</u>			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday yrs.	IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.
<u>Male</u>	<u>White</u>	<u>Married</u>	<u>Jan. 17, 1895</u>	<u>60</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?
<u>Produce broker</u>			<u>Produce</u>		<u>Maryland</u>		<u>U.S.A.</u>
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME			
<u>George Sterling</u>				<u>Elizabeth Gladden</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)			16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS		
<u>No</u>			<u>216-14-2161</u>		<u>Henry Sterling, Salisbury, Md.</u>		
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
331X IMMEDIATE CAUSE (A)				<u>Cerebral Hemorrhage</u>		<u>6 days</u>	
ANTECEDENT CAUSE(S) DUE TO							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO							
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.				<u>Central Nervous System</u>		<u>Syphilis Unknown</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Dec 29, 1955</u>, to <u>Jan 5, 1956</u>, that I last saw the deceased alive on <u>Jan 4, 1956</u>, and that death occurred at <u>6:10 PM</u>, from the causes and on the date stated above.							
SIGNATURE <u>David L. Schure</u> M.D.				ADDRESS (Street, city, town, state) <u>Salisbury, Md.</u> DATE SIGNED <u>Jan 5, 1956</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
<u>Burial</u>		<u>Jan. 7, 1956</u>		<u>St. Andrews Cemetery</u>		<u>Princess Anne, Md.</u>	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
<u>1-7-56</u>		<u>Harry W. Holloman</u>		<u>Levin R. Wilson</u>		<u>Princess Anne, Md.</u>	

CERTIFICATE OF DEATH

Reg. No. 124

1. DECEASED PERSON'S NAME OR DESIGNATION

NAME
AGE
SEX
RACE
DATE OF BIRTH
PLACE OF BIRTH

RESIDENCE
CITY
COUNTY
STATE

2. PLACE OF DEATH

HOME
HOSPITAL
NURSING HOME
OTHER

3. DATE OF DEATH

4. TIME OF DEATH
5. CAUSE OF DEATH
6. MANNER OF DEATH

7. DISEASE OR INJURY
8. PERIOD OF ILLNESS
9. PRESENTING COMPLAINTS
10. SIGNS AND SYMPTOMS
11. COURSE OF DISEASE
12. TREATMENT
13. PREVIOUS ILLNESS
14. PREVIOUS SURGERY
15. PREVIOUS TRAUMA
16. PREVIOUS DRUGS
17. PREVIOUS ALCOHOL
18. PREVIOUS TOBACCO
19. PREVIOUS OTHER

BUREAU V. S.

JAN 10 1956

RECEIVED

INSTRUCTIONS

1. This certificate is to be filled out by the physician or other qualified person who attended the deceased or who was present at the death. It should be filled out as soon as possible after death, and should be filed in the office of the health officer of the jurisdiction in which the death occurred. It should be filled out for all deaths, whether or not the death was reported to the health officer. It should be filled out for all deaths, whether or not the death was reported to the health officer. It should be filled out for all deaths, whether or not the death was reported to the health officer.

INSTRUCTIONS

1

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1208

01175

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>Wicomico</u>		STATE <u>Maryland</u> COUNTY <u>Wicomico</u>		CITY (If outside corporate limits, write RURAL and give nearest town)		CITY (If outside corporate limits, write RURAL and give nearest town)	
TOWN <u>Fruitland</u>		LENGTH OF STAY (in this place) <u>6 mos.</u>		TOWN <u>Fruitland</u>		STREET ADDRESS (If rural give location)	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>At home - Washington St.</u>				STREET ADDRESS <u>Washington Street</u>			
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH			
(First) <u>George</u>		(Middle) <u>Washington</u>		(Last) <u>Stevens</u>		(Month) <u>1</u> (Day) <u>12</u> (Year) <u>1956</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>A. A.</u>		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Divorced</u>		8. DATE OF BIRTH <u>About 1895</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>		9. AGE last birthday <u>About 61 yrs.</u>		11. BIRTHPLACE (State or foreign country) <u>Raleigh, North Carolina</u>	
13. FATHER'S NAME <u>Unknown</u>				14. MOTHER'S MAIDEN NAME <u>Unknown</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) <u>No</u>		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS <u>Mrs. Ora Grant, Fruitland, Md.</u>			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				18. MEDICAL CERTIFICATION			
IMMEDIATE CAUSE (A) <u>443X Apoplexy</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 months</u>			
ANTECEDENT CAUSE(S) DUE TO (B) <u>Hypertensive Cardiovascular Disease</u>				DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO (C) <u>Disease</u>			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, lecture, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>10 Oct</u> , 19 <u>55</u> , to <u>12 Jan</u> 19 <u>56</u> that I last saw the deceased alive on <u>12 Jan 56</u> , and that death occurred at <u>7 P.M.</u> , from the causes and on the date stated above. SIGNATURE <u>[Signature]</u> DATE SIGNED <u>12 Jan 56</u> M.D. <u>652 W Main Salisbury Md</u>							
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Removal</u>		DATE THEREOF <u>1-12-56</u>		NAME OF CEMETERY OR CREMATORY <u>Cape Charles Cemetery</u>		LOCATION (City, town, or county) <u>Cape Charles, Northampton Co.</u>	
24. REC'D BY REGISTRAR <u>[Signature]</u>		REGISTRAR'S SIGNATURE <u>Mary A. Holloway</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Stewart Funeral Home, 324 E. Church St., Salisbury, Md.</u>			

JAN 16 1956

Productivity and Health of

BUREAU V. S.

JAN 6 1955

RECEIVED

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

01176

1193

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <i>Wicomico</i>		MARYLAND		STATE <i>Maryland</i>		COUNTY <i>Somerset</i>	
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
TOWN <i>Salisbury</i>				TOWN <i>Rumpley</i>		<i>19K-2</i>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <i>Peninsula General Hospital</i>				STREET ADDRESS (If rural give location) <i>✓</i>			
3. NAME OF DECEASED (First) (Middle) (Last)				4. DATE OF DEATH (Month) (Day) (Year)			
<i>Catherine Bonner Sutphin</i>				<i>January 5 1956</i>			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR		IF UNDER 24 HRS.
<i>Female</i>	<i>White</i>	<i>Married</i>	<i>Oct. 2, 1890</i>	<i>65</i> yrs.	Months	Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
<i>Housewife</i>		<i>Housework</i>		<i>Keewaydin, Pa.</i>		<i>U.S.A.</i>	
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME			
<i>Florian J. Bonner</i>				<i>Clara E. Schnaiz</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS			
<i>Yes War I.</i>				<i>Mr. William Sutphin</i>			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						INTERVAL BETWEEN ONSET AND DEATH	
420.1 IMMEDIATE CAUSE (A) <i>Coronary Artery Thrombosis</i>						<i>Jan. 1, 1956</i>	
ANTECEDENT CAUSE(S) DUE TO (B) <i>Coronary Atherosclerosis</i>						<i>14 days</i>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) <i>Cerebral Thrombosis</i>							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)		2D. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21f. HOW DID INJURY OCCUR?			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>					
22. I hereby certify that I attended the deceased from Jan 5, 1955, to Jan 5, 1956, that I last saw the deceased alive on Jan 5, 1956, and that death occurred at 8:15 A.M. from the causes and on the date stated above.							
SIGNATURE <i>David F. Sihore</i> M.D.				ADDRESS (Street, city, town, state) <i>Salisbury Md.</i>		DATE SIGNED <i>Jan. 5, 1956</i>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
<i>Burial</i>		<i>Jan. 9, 1956</i>		<i>Arlington National Cem</i>		<i>Arlington, Va.</i>	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
<i>1-7-56</i>		<i>Mary W. Hollaway</i>		<i>Levin R. Wilson, Jr.</i>		<i>P. Anne, Md.</i>	

BUREAU V. S.

JAN 10 1956

RECEIVED

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1194

CERTIFICATE OF DEATH

01177
Reg. Dist. No. 332

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>Wicomico</u>		STATE <u>Maryland</u>		COUNTY <u>Talbot</u>			
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Salisbury</u>		LENGTH OF STAY (in this place) <u>3½ months</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Royal Oak</u>		<u>20X-2</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Deer's Head State Hospital</u>				STREET ADDRESS (If rural give location) ✓			
3. NAME OF DECEASED (First) (Middle) (Last) <u>William Edward Thomas</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>1 17 19 56</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Colored</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>12/25/1878</u>	9. AGE last birthday <u>77</u> yrs.	IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>James Thomas</u>				14. MOTHER'S MAIDEN NAME <u>Lucy Thomas</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) <u>Unk.</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT & ADDRESS <u>Hospital Records</u>			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						INTERVAL BETWEEN ONSET AND DEATH	
332X IMMEDIATE CAUSE (A) <u>Recurrent cerebral thrombosis</u>						<u>25 hours</u>	
ANTECEDENT CAUSE(S) DUE TO (B) <u>Arteriosclerosis, general</u>						<u>?</u>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) <u>Hypertensive arteriosclerotic cardiovascular disease</u>						<u>?</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)		2D. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)			21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <u>Sept. 22, 1955</u>, to <u>Jan. 17, 1956</u>, that I last saw the deceased alive on <u>Jan. 16, 1956</u>, and that death occurred at <u>3:45A</u>, from the causes and on the date stated above.							
SIGNATURE <u>Dr. V. Juerman</u> V. Juerman, M.D.				ADDRESS (Street, city, town, state) <u>Deer's Head Hospital, Salisbury, Md.</u>		DATE SIGNED <u>1/17/56</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>Jan. 20, 1956</u>		NAME OF CEMETERY OR CREMATORY <u>St Pauls Cemetery</u>		LOCATION (City, town, or county) (State) <u>Easton, Maryland</u>	
24. REC'D BY REGISTRAR DATE <u>1-23-56</u>		REGISTRAR'S SIGNATURE <u>Mary W. Holloway</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John R. Williams</u>		ADDRESS <u>214</u>	

CERTIFICATE OF DEATH

1581

NAME OF DECEASED

DATE OF DEATH

AGE

SEX

RACE

EDUCATION

RELIGION

DATE OF BIRTH

PLACE OF BIRTH

PLACE OF DEATH

CAUSE OF DEATH

DATE OF BURIAL

PLACE OF BURIAL

DATE OF INTERMENT

NAME OF FUNERAL HOME

DATE OF INTERMENT

NAME OF FUNERAL HOME

DATE OF INTERMENT

NAME OF FUNERAL HOME

DATE OF INTERMENT

NAME OF FUNERAL HOME

DATE OF INTERMENT

NAME OF FUNERAL HOME

DATE OF INTERMENT

NAME OF FUNERAL HOME

DATE OF INTERMENT

NAME OF FUNERAL HOME

DATE OF INTERMENT

NAME OF FUNERAL HOME

DATE OF INTERMENT

NAME OF FUNERAL HOME

DATE OF INTERMENT

NAME OF FUNERAL HOME

DATE OF INTERMENT

NAME OF FUNERAL HOME

DATE OF INTERMENT

NAME OF FUNERAL HOME

DATE OF INTERMENT

NAME OF FUNERAL HOME

DATE OF INTERMENT

NAME OF FUNERAL HOME

DATE OF INTERMENT

NAME OF FUNERAL HOME

DATE OF INTERMENT

NAME OF FUNERAL HOME

DATE OF INTERMENT

NAME OF FUNERAL HOME

DATE OF INTERMENT

NAME OF FUNERAL HOME

DATE OF INTERMENT

NAME OF FUNERAL HOME

DATE OF INTERMENT

NAME OF FUNERAL HOME

DATE OF INTERMENT

NAME OF FUNERAL HOME

DATE OF INTERMENT

NAME OF FUNERAL HOME

DATE OF INTERMENT

NAME OF FUNERAL HOME

DATE OF INTERMENT

NAME OF FUNERAL HOME

DATE OF INTERMENT

NAME OF FUNERAL HOME

DATE OF INTERMENT

NAME OF FUNERAL HOME

DATE OF INTERMENT

NAME OF FUNERAL HOME

DATE OF INTERMENT



NOTIFICATION



BUREAU V. S.

JAN 25 1956

RECEIVED

MARYLAND

1195

CERTIFICATE OF DEATH

01178
STATE DEPARTMENT OF HEALTH

Reg. Dist. No. 351

1. PLACE OF DEATH COUNTY <u>Wicomico</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>md</u> COUNTY <u>Wicomico</u>	
CITY (If outside corporate limits, write RURAL and OR give nearest town) <u>Salisbury</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Salisbury</u>	
TOWN <u>Salisbury</u>		TOWN <u>Salisbury</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>D. S. Hospital</u>		STREET ADDRESS (If rural, give location) <u>238-2</u>	
3. NAME OF DECEASED (Type or Print) (First) <u>Dannie</u> (Middle) <u>J.</u> (Last) <u>Twitt</u>		4. DATE OF DEATH (Month) <u>January</u> (Day) <u>19</u> (Year) <u>1956</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>single</u>	8. DATE OF BIRTH <u>June 1-1954</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	9. AGE last birthday <u>17 1/2</u> yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
11. BIRTHPLACE (State or foreign country) <u>Salisbury, md</u>		12. CITIZEN OF WHAT COUNTRY? <u>md</u>	
13. FATHER'S NAME <u>William J. Twitt</u>		14. MOTHER'S MAIDEN NAME <u>Virginia S. Beady</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If year, give war or dates of service)		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT AND ADDRESS <u>Mr. William J. Twitt, Salisbury, md</u>			

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
(a) Immediate cause <u>571.0 Acute Enteritis + dehydration</u>		<u>3 days</u>
(b) Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last		
(c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY		(CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>		HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 1-17-56 to 1-19-56, 19....., that I last saw the deceased

alive on 1-18-56, 19....., and that death occurred at 7 P.m., from the causes and on the date stated above.

SIGNATURE Robert L. Palmer MD ADDRESS Snook Hill DATE SIGNED 1-20-56

23. BURIAL, CREMATION, REMOVAL (Specify)		DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
<u>Final</u>		<u>Jan 21, 56</u>	<u>Snook Hill</u>	<u>Salisbury</u>	<u>md</u>
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR ADDRESS	
<u>Jan 21, 56</u>		<u>Mary W. Holloway</u>		<u>Alley, Snook Hill, md</u>	

MARGIN RESERVED FOR BINDING

RECEIVED
JAN 23 1956
BUREAU V. S.

1

INSTRUCTIONS

1 **TO ATTENDING PHYSICIAN OR HOSPITAL:** The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

2 **TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

01179

1196

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>Wicomico</u>		MARYLAND		STATE <u>MARYLAND</u> COUNTY <u>Wicomico</u>			
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
TOWN <u>SALISBURY</u>		<u>3</u>		TOWN <u>POWELLVILLE</u>		<u>X</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>PENINSULA GENERAL HOSPITAL</u>				STREET ADDRESS (If rural give location)			
3. NAME OF DECEASED (First) (Middle) (Last)				4. DATE OF DEATH (Month) (Day) (Year)			
<u>KATE DELLA TRUITT</u>				<u>JANUARY 24 1956</u>			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR		IF UNDER 24 HRS.
<u>F</u>	<u>W</u>	<u>WIDOWED</u>	<u>MAR. 13 1885</u>	<u>70</u> yrs.	Months	Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
<u>HOUSEWIFE</u>		<u>HOMG</u>		<u>POWELLVILLE MD</u>		<u>U.S.A.</u>	
13. FATHER'S NAME <u>JAMES TRUITT</u>				14. MOTHER'S MAIDEN NAME <u>ELIZA WEBB</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS			
<u>NO</u>		<u>NO</u>		<u>MRS. SADIE DENNIS SALISBURY MD</u>			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						18. MEDICAL CERTIFICATION	
420.1 IMMEDIATE CAUSE (A) <u>Secondary tuberculosis</u>						INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSE(S) DUE TO (B) <u>Arterioinfarction</u>							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO (C) <u>Arteriosclerosis</u>							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, of INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (M.)		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at....., 19....., from the causes and on the date stated above.							
SIGNATURE <u>Mr. Corrie J. Hearn</u>				ADDRESS (Street, city, town, state) <u>226 N. Hancock</u>		DATE SIGNED <u>1/24/56</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
<u>BURIAL</u>		<u>1/20/56</u>		<u>TRUITT</u>		<u>POWELLVILLE MD</u>	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
<u>1-27-56</u>		<u>Mary W. Holloway</u>		<u>James A. Buehler</u>		<u>Berlin Md</u>	

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH COUNTY Wicomico MARYLAND CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Hill Sanitarium				2. USUAL RESIDENCE (HOME) OF DECEASED STATE Delaware COUNTY Sussex CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Delmar STREET ADDRESS (If rural give location) RFD #2, Salisbury, Maryland			
3. NAME OF DECEASED (Type or Print) Sallie Blon West				4. DATE OF DEATH (Month) Jan. (Day) 24 (Year) 1956			
5. SEX F	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 18, 1884	9. AGE last birthday 71 yrs.	IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (State or foreign country) Laurel, Del.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Theodore Sirman				14. MOTHER'S MAIDEN NAME Sarah Callaway			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)		16. SOCIAL SECURITY NO. None		17. INFORMANT & ADDRESS Carl C. West, Delmar, Del.			
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 442X				MEDICAL CERTIFICATION Arterio vascular renal lesion			
IMMEDIATE CAUSE (A) _____				INTERVAL BETWEEN ONSET AND DEATH			
ANTECEDENT CAUSE(S) DUE TO _____							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO _____							
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Jan 24, 1956 , to Jan 24, 1956 , that I last saw the deceased alive on Jan 24, 1956 , and that death occurred at M. , from the causes and on the date stated above.							
SIGNATURE [Signature]		M.D. Salisbury Md		ADDRESS (Street, city, town, state) 1-25-56		DATE SIGNED	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF Jan 26-56		NAME OF CEMETERY OR CREMATORY Laurel, Hill		LOCATION (City, town, or county) (State) Laurel, Del.	
24. REC'D BY REGISTRAR Jan. 27, 1956		REGISTRAR'S SIGNATURE Mary H. Holloway		25. FUNERAL DIRECTOR'S SIGNATURE W. S. Warner Co - Delmar, Del.		ADDRESS	

INSTRUCTIONS

1

TO ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A5C 1-55 10M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Dr. Royer, Earl (Med Exam)

1198

01181
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 332

1. PLACE OF DEATH:			2. USUAL RESIDENCE (HOME) OF DECEASED:		
COUNTY	Wicomico		STATE	Maryland	
CITY (If outside corporate limits, write RURAL OR and give nearest town)	LENGTH OF STAY (in this place)		CITY (If outside corporate limits write RURAL and give nearest town)		
TOWN	Salisbury		TOWN	Salisbury	
HOSPITAL OR INSTITUTION OR STREET ADDRESS			STREET ADDRESS (If rural, give location)		
208 Race Street			208 Race St.		
3. NAME OF DECEASED:			4. DATE OF DEATH		
(First)	(Middle)	(Last)	(Month)	(Day)	(Year)
William	David	Williams	January	11	1956
5. SEX:			6. COLOR OR RACE:		
M	White				
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):			8. DATE OF BIRTH:		
Married			July 29, 1885		
9. AGE last birthday:			10. BIRTHPLACE (State or foreign country):		
70 yrs.			Trenton, N. Carolina		
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):			11. CITIZEN OF WHAT COUNTRY?		
Truck Driver (Shoreland Freezer Co.)			USA		
13. FATHER'S NAME:			14. MOTHER'S MAIDEN NAME:		
Solomon Williams			Nancy (Unk)		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)			16. SOCIAL SECURITY No.:		
Unk					
17. INFORMANT & ADDRESS:					
Mrs. Ida L. Williams (Wife)			208 Race St Salisbury, Maryland		

18. MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:				Sudden	
420.1 Immediate cause (a) Coronary Occlusion					
DUE TO					
Antecedent cause(s) (b)					
Diseases or conditions, if any, giving rise to the above cause (c)					
stating underlying cause last					
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.					
19a. DATE OF OPERATION:		19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY		21c. (City or town) (County) (State)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input type="checkbox"/> , Inquiry <input type="checkbox"/> , and find that death resulted from Natural causes <input type="checkbox"/> , Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> .					
SIGNATURE		M. D.		DATE SIGNED	
Earl Royer				1-11-56	
23. BURIAL, CREMATION, REMOVAL (Specify):		DATE THEREOF		LOCATION (City, town, or county) (State)	
Burial		Jan. 14, 1956		Parsons Cemetery Salisbury, Maryland	
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR ADDRESS	
1-12-56		Mary W. Holloway		HOLLOWAY & COMPANY SALISBURY MARYLAND	

BUREAU V. S.

JAN 16 1962

RECEIVED

[Handwritten signature]

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

1199

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

01182

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>Wicomico</u>		MARYLAND		STATE <u>MARYLAND</u> COUNTY <u>SOMERSET</u>			
CITY (If outside corporate limits, write RURAL and give nearest town) <u>127 SALISBURY</u>		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town) <u>PRINCESS ANNE</u>		<u>19X-2</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>PENINSULA GEN HOSPITAL</u>				STREET ADDRESS (If rural give location) <u>LAND AVE.</u>			
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH			
(First) <u>HARRY</u> (Middle) <u>H.</u> (Last) <u>WILSON</u>				(Month) <u>JANUARY</u> (Day) <u>27</u> (Year) <u>1956</u>			
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, <u>Married</u>	8. DATE OF BIRTH <u>Aug. 23 1887</u>	9. AGE last birthday <u>68</u> yrs.	IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>richer grow poultry</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Maryland</u>		11. BIRTHPLACE (State or foreign country) <u>U.S.A.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Charles L. Wilson</u>				14. MOTHER'S MAIDEN NAME <u>Julia Shores</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unk.) <u>No</u>		16. SOCIAL SECURITY NO. <u>212-16-1070</u>		17. INFORMANT & ADDRESS <u>Mr. Ella Priddy Princess Anne</u>			
18. MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH <u>420.1 IMMEDIATE CAUSE (A) Myocardial Infarct, acute</u>				<u>4 days</u>			
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) _____ (C) _____							
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. _____							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>1-20</u> to <u>1-27</u> that I last saw the deceased alive on <u>1-26</u> and that death occurred at <u>7:10 A.M.</u> from the causes and on the date stated above. SIGNATURE <u>W. Bellis, Jr.</u> M.D. <u>Salisbury, Md.</u> DATE SIGNED <u>1-27-56</u> 23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u> DATE THEREOF <u>1-29-56</u> NAME OF CEMETERY OR CREMATORY <u>St. Andrew's Cem. Princess Anne Md.</u> LOCATION (City, town, or county) <u>Princess Anne Md.</u> (State) <u>Md.</u> 24. REC'D BY REGISTRAR <u>1-30-56</u> REGISTRAR'S SIGNATURE <u>Mary W. Holloway</u> 25. FUNERAL DIRECTOR'S SIGNATURE <u>Lee R. Wilson</u> ADDRESS <u>Princess Anne Md.</u>							

CERTIFICATE OF DEATH

1103

Black, Dan, 1902

1. NAME OF DECEASED (PRINT OR TYPE)

2. PLACE OF DEATH

3. SEX

4. AGE

5. DATE OF DEATH

6. TIME OF DEATH

7. CAUSE OF DEATH

8. PLACE OF BIRTH

9. OCCUPATION

10. MARITAL STATUS

11. EDUCATION

12. RELIGION

13. SERVICE

14. INTERVIEWED

15. SIGNATURE

16. DATE

17. SIGNATURE

18. DATE

19. SIGNATURE

20. DATE

21. SIGNATURE

22. DATE

23. SIGNATURE

24. DATE

25. SIGNATURE

26. DATE

27. SIGNATURE

28. DATE

29. SIGNATURE

30. DATE

31. SIGNATURE

32. DATE

33. SIGNATURE

34. DATE

35. SIGNATURE

36. DATE

37. SIGNATURE

38. DATE

39. SIGNATURE

39. SIGNATURE

40. DATE

41. SIGNATURE

42. DATE

43. SIGNATURE

44. DATE

45. SIGNATURE

46. DATE

47. SIGNATURE

48. DATE

49. SIGNATURE

50. DATE

51. SIGNATURE

52. DATE

53. SIGNATURE

54. DATE

55. SIGNATURE

56. DATE

57. SIGNATURE

58. DATE

59. SIGNATURE

60. DATE

61. SIGNATURE

62. DATE

63. SIGNATURE

64. DATE

65. SIGNATURE

66. DATE

67. SIGNATURE

68. DATE

69. SIGNATURE

70. DATE

71. SIGNATURE

72. DATE

73. SIGNATURE

74. DATE

75. SIGNATURE

76. DATE

77. SIGNATURE

78. DATE

79. SIGNATURE

80. DATE

81. SIGNATURE

82. DATE

83. SIGNATURE

84. DATE

85. SIGNATURE

86. DATE

87. SIGNATURE

88. DATE

89. SIGNATURE

90. DATE

91. SIGNATURE

92. DATE

93. SIGNATURE

94. DATE

95. SIGNATURE

96. DATE

97. SIGNATURE

98. DATE

99. SIGNATURE

100. DATE

101. SIGNATURE

102. DATE

103. SIGNATURE

104. DATE

105. SIGNATURE

106. DATE

107. SIGNATURE

108. DATE

109. SIGNATURE

110. DATE

111. SIGNATURE

112. DATE

113. SIGNATURE

114. DATE

115. SIGNATURE

116. DATE

117. SIGNATURE

118. DATE

119. SIGNATURE

120. DATE

121. SIGNATURE

122. DATE

BUREAU V. 2

FEB 1 1956

RECEIVED

PHOTOGRAPH

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED
DATE 10-10-2001 BY 60322 UCBAW/STP